

(1) PLACE OF BIRTH
 County of Hampton
 Township of Peoples
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

52565

Registration District No. 7402 Registered No. 53
 (For use of Local Registrar)
 City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Bula Davis { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married Yes (7) DATE OF BIRTH March 15 1966
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Rokumbus Davis</u>	(14) NAME BEFORE MARRIAGE <u>Ivory Bostick</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Hampton R.D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hampton R.D.</u>
(10) COLOR OR RACE <u>Cold</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Cold</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>Hampton Co</u>	(18) BIRTHPLACE <u>Hampton Co</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Household work</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Stone Midwife (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Hampton R.D.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
J. W. Rogers (27) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.