

Form No. 1

(1) PLACE OF BIRTH

County of Florida
 Township of Union
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
3837

Registration District No. 2301 Registered No. 13
 (For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Isabelle Davis If child is not yet named, make supplemental report as directed

3) BOY (OR GIRL?) girl

4) Twin or Triplet

5) Number in order of birth

6) Are Parents Married? yes

7) DATE OF BIRTH Feb. 17, 1923
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Samuel Davis9) PRESENT POSTOFFICE OF FATHER Charleston10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 23

(Year)

12) BIRTHPLACE Ill.13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Penia Hyman(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 20

(Year)

(18) BIRTHPLACE Ill.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(22) (Signature) Isabelle Davis(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Charleston

Given name added from a supplement-
 tal report

(25) Witness

(Signature of Witness necessary only
 when question 23 is signed by mark)

(26) Filed Feb. 20, 1923(27) Local Registrar W. H. Poston

*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.