

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E. case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Aiken
Township of Silverton
or
Inc. Town of Ellenton
or
City of R. F. W. S. B.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 210

16 092890

FILE No.—For State Registrar Only

00063

Registered No.

(For use of Local Registrar)

Ward

2. FULL NAME OF CHILD Angetta Davis

If child is not yet named, make supplemental report as directed.

3. Boy or Girl girl

If Plural births

4. Twins, triplets or other

6. Premature

7. Are Parents

8. Date of birth

Dec 8, 1916
(Month, day, year)

9. Full name

FATHER

Robert Davis

18. Name before marriage

MOTHER

Luanie Dunbar

10. Residence (mailing address)

(If non-resident, give place and State)

Ellenton S. C.

19. Residence (mailing address)

(If non-resident, give place and State)

Ellenton S. C.

11. Color or race col

12. Age at last birthday 29? (years)

20. Color or race col

21. Age at last birthday 28? (years)

13. Birthplace (city or place)

(State or country)

Aiken S. C.

22. Birthplace (city or place)

(State or country)

Danville S. C.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

"

16. Date (month and year) last engaged in this work

1916, 19

17. Total time (years) spent in this work

Life

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Domestic

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

"

25. Date (month and year) last engaged in this work

1916, 19

26. Total time (years) spent in this work

12

27. Number of children of this mother (At time of birth and including this child)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

28. If stillborn, period of gestation

months
weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ? m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at ? m. on above date ?

Cleft Palate..... Hare Lip..... Other Deformities None (Name of Prophylactic)

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report

(Date of)

(Signed) Luanie Dunbar, M. D.

or Angetta Davis, Midwife

Address Ellenton S. C.

Filed March 1, 1916 L. A. Riser, M.D.

Local Registrar

State Registrar