

(1) PLACE OF BIRTH
County of Fairfield
Township of

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

File No.—For State Registrar Only

40152

Inc. Town of Registration District No. Registered No. 1911
(For use of Local Registrar)
City of (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 Lilly Mae Davenport 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 28 1911
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Willie Davenport

(9) PRESENT POSTOFFICE OF FATHER Winnsboro

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Fairfield

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Rosa Kelly

(15) PRESENT POSTOFFICE OF MOTHER Winnsboro

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Fairfield

(19) OCCUPATION labor

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lina Moore

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

L. K. Turner 191...
Registrar

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

(27) Filed 191... (28) 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.

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