

(1) PLACE OF BIRTH

County of SaludaTownship of H. 2Ene. Town of _____
or _____City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26125

Registration District No. 3901 Registered No. 83
(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 Theora Davis If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 11 (6) Are Parents Married? yes (7) DATE OF BIRTH July 30 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Davis(9) PRESENT POSTOFFICE OF FATHER Ward S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE Saluda Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Hamilton(15) PRESENT POSTOFFICE OF MOTHER Ward S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE Saluda Co(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as 5:20 10 M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) E. J. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Aug 28 1923 (28) Wm J. Branch 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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MARRIAGE REMOVED FROM BIRTHING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
H. 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.