(1) PLACE OF BIRTH

County of Colum

Township of Eady

or

Inc. Town of

or

City of Cassley

(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's use
31776

Registration District No. 37-a Registered No. 127
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child .....

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 5 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Shelby Davis

(9) PRESENT POSTOFFICE OF FATHER Eady No

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Bedford Co. Va

(13) OCCUPATION Watchman

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Jackson

(15) PRESENT POSTOFFICE OF MOTHER Eady No

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Pickens

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) 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) (Hour A.M. or P.M.)

(23) (Signature) Lee Wade M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cassley, S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Oct. 9 1922 (28) E. F. Wyatt
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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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.

Bureau of Columbia, S. C.