

(1) PLACE OF BIRTH

County of Charleston S.C.
 Township of A.L.
 or
 Inc. Town of A.L.
 or
 City of Charleston S.C.
 (If birth occurs in a hospital or other institution, give name 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
41266

Registration District No. 9.A. Registered No. 1910
 (For use of Local Registrar)

(2) Full Name of Child Calley 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 one (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 30th 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herman Davis
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Orangeburg S.C.
 (13) OCCUPATION Black Smith
 (20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Christina Gillard
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Orangeburg S.C.
 (19) OCCUPATION house work
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:22 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Marye Lawrence

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 24 Sheppard St. Green

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/4 19 23

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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