

Form No. 3

(1) PLACE OF BIRTH

County of *Portland*Township of *C. K. Fisher*

or

Inc. 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

36442

Registration District No. *40029*Registered No. *127*
(For use of Local Registrar)

(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

Oct 16 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jaron Davis

(9) PRESENT POSTOFFICE OF FATHER

C. Fisher D.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

D.C.

(13) OCCUPATION

Mill Operator

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Fisher

(15) PRESENT POSTOFFICE OF MOTHER

C. Fisher D.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

House wife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *7:55* M., on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature)

J. W. Blackwell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

W. B. Blackwell
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *11/1**1922*

(28)

J. B. Blackwell
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.

MARGIN RESERVED FOR ENDING. WRITE PLAINLY, WITH UNFADING INK, IN A PERMANENT INK. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.