

McGraw-Hill  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McGraw-Hill

(1) PLACE OF BIRTH

County of Pickens  
Township of Pickens  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19855

Registration District No. 3706

Registered No. 69  
(For use of Local Registrar)

(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 William R. V. Davis

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

(3) BOY OR GIRL BOY

(4) Twin or Triplet? No

(5) Number in order of birth 1  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan 31, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bray Davis

(9) PRESENT POSTOFFICE OF FATHER Pickens S.C. R.I.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Jackson Co. N.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Earl Donal Rimes

(15) PRESENT POSTOFFICE OF MOTHER Pickens S.C. R.I.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Franklin Co. N.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... 2 o'clock at ..... 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Cannon

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pickens S.C. R.I.

Given name added from a supplemental report

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

(27) Filed 7/10/22 19..... (28) J. S. Porter 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.

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.