

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCAVEY OF COLUMBIA, COLUMBIA, S. C.
McC

(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)

(2) Full Name of Child William R. Davis (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL GIRL (4) Twin or Triplet? — (5) Number in order of birth 1 (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 Tronie 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 Fremont 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 .. 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
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..... 19 ..
Registrar

(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.

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