

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

County of Richland
 Township of Blayden
 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

20017

Registration District No. 3800 Registered No. 80
 (For use of Local Registrar)

City of (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 Flora 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 20, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R D Davis(9) PRESENT POSTOFFICE OF FATHER Columbia R D(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
 (Years)(12) BIRTHPLACE Kershaw(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Rabun(15) PRESENT POSTOFFICE OF MOTHER Columbia R D(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27
 (Years)(18) BIRTHPLACE William(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Matthie Stevens(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Columbia R D

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 21, 1922 (28) W. M. Lee 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.