

(1) PLACE OF BIRTH

County of Anderson
 Township of Ball
 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
17528

Registration District No. 306 Registered No. 66
 (For use of Local Registrar)

(2) Full Name of Child Alice Mae Davis
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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 18, 1922
 (If child is not yet named, make supplemental report as directed)

FATHER.

8 FULL NAME
 9 PRESENT POSTOFFICE OF FATHER
 10 COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 12 BIRTHPLACE
 13 OCCUPATION

MOTHER.

14 NAME BEFORE MARRIAGE Daisy Davis
 15 PRESENT POSTOFFICE OF MOTHER Ida
 16 COLOR OR RACE Wegro (17) AGE AT LAST BIRTHDAY (Years)
 18 BIRTHPLACE Anderson Co.
 19 OCCUPATION Farming
 20 Number of children born to mother, including present birth 1
 21 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice at 106 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice Davis(24) State whether Physician or Midwife (25) Address of Physician or Midwife Ida

Given name added from a supplemental report

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

(27) Filed June 26, 1922 (28) J. M. McAdams 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.