

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 1st

Inc. Town of

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 HealthRegistration District No. 1912 Registered No. 19
(For use of Local Registrar)

File No. — For State Registrar Only

28226(2) Full Name of Child Willie May Davis If child is not yet named, make supplemental report as directed(a) SEX OF CHILD X (b) Type or Triplet To be answered only in event of Twins or Triplets (c) Number in order of birth (d) Are twins marked yes (e) DATE OF BIRTH Sept 12, 23
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME John Davis(7) PRESENT POSTOFFICE OF FATHER Blairs S. C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23
(Year)(12) BIRTHPLACE Blairs S. C.(13) OCCUPATION Public work.(14) Number of children born to mother, including present birth 1

MOTHER.

(16) NAME BEFORE MARRIAGE Pearl Hopkins(18) PRESENT POSTOFFICE OF MOTHER Blairs S. C.(19) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21
(Year)(20) BIRTHPLACE Blairs S. C.(21) OCCUPATION Housewife(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Hansey Thompson
(25) State whether Physician or Midwife (26) Address of Physician or Midwife
Blairs S. C.

(Given name added from a supplemental report)

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

(27) Filed Oct 19 23 (29) W. E. DeHaven
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 stillborns before the fifth month of pregnancy.