

## (1) PLACE OF BIRTH

County of Wilmington  
 Township of Locust Hill  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

29906

Registration District No. 1510 Registered No. 64  
 (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 Arthur Davis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 14 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME .....  
 (9) PRESENT POSTOFFICE OF FATHER .....  
 (10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION .....  
 (20) Number of children born to mother, including present birth { .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Davis  
 (15) PRESENT POSTOFFICE OF MOTHER Locust Hill  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth { .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) M. J. Davis  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Locust Hill

Given name added from a supplemental report

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

(27) Sept 16 22 (28) Amos R. ... 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.