

Form No. 1.

(1) PLACE OF BIRTH

County of Cocon

Township of Seneca

Inc. Town of \_\_\_\_\_  
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 Health

File No. For State Registrar Only

4767

Registration District No. 324 Registered No. 31  
(For use of Local Registrar)

(2) Full Name of Child Aubrey Davis

If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? girl

(4) Twin or Triplet? X  
to be answered only in case of twins or triplets

(5) Number in order of birth one

(6) Are Parents Married? no

(7) DATE OF BIRTH Feb. 25 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Innes

(9) PRESENT POSTOFFICE OF FATHER Princeton Fla

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE In Oconee Co., Ga.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Ethel Minnie Davis

(16) PRESENT POSTOFFICE OF MOTHER Princeton Ga. R.D. 2

(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 28 (Years)

(19) BIRTHPLACE In Oconee Co., Ga.

(20) OCCUPATION Teacher

(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 Born alive (Born alive or stillborn) (How, M. or P. M.)  
on the date above stated.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife Seneca, Ga.

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date 3/10/23

(28) [Signature] 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.