

(1) PLACE OF BIRTH  
County of Saluda  
Township of No. 1

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

REGISTRATION DISTRICT NO. 3  
CITY OF Saluda

Inc. Town of ..... Registration District No. 3  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ..... If child is not yet named, make supplemental report as directed

(a) SEX Male (b) TYPE Normal (c) NUMBER OF CHILDREN OF THIS PARENTS 7 (d) AGE 4 (e) DATE OF BIRTH Feb. 24, 1923

(a) FATHER'S NAME John Clifton Davis

(a) MOTHER'S NAME Madie Edwards

(a) FATHER'S RESIDENCE Saluda, S.C. R.F. No. 2

(a) MOTHER'S RESIDENCE Saluda, S.C. R.F. No. 2

(a) COLOR Negro (b) AGE AT LAST BIRTHDAY 35

(a) COLOR Negro (b) AGE AT LAST BIRTHDAY 29

(a) BIRTHPLACE Saluda County

(a) BIRTHPLACE Lexington County

(a) OCCUPATION Farmer

(a) OCCUPATION House-wife

(a) Number of children born to mother, including present birth 7

(a) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was White on Feb. 24, 1923 at Saluda, S.C. on the date above stated.

(23) (Signature) J. L. Davis, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Saluda, S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 23, 1923 (28) R. O. Brown 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.

Registrar J. L. Davis Local Registrar

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