

MARGIN RESERVED FOR BUNDLING.  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH Williamburg  
 County Williamsburg  
 Township of Edisto  
 or  
 Inc. Town of.....  
 or  
 City of..... (No. .... St.; ..... Ward)  
 (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  
87798

Registration District No. 4305 Registered No. .... 106  
 (For use of Local Registrar)

(2) Full Name of Child Bertha Lee Davis If child is not yet named, make supplemental report as directed  
 (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 Nov 16th 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Tessie Davis</u>	(14) NAME BEFORE MARRIAGE <u>Mary Wilson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lanes SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lanes SC</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clara M. York  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lanes SC

Given name added from a supplemental report  
 (26) Witness J. J. Baggett sub. reg.  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 11/20 1916 (28) Albert B. Woodley  
 Registrar 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.

McCRAW OF COLUMBIA, COLUMBIA, S. C.