

MARGIN RESERVED FOR BINDING.
 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
 County Williamsburg
 Township of Paris
 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
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Tessy 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> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(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 Bertha Lee Davis 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. E. Baggett sub. reg.
 (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed 11/20 1916 (28) Albert R. Wooley 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.