

(1) PLACE OF BIRTH

County of Sumter

Township of

Inc. Town of

City of Sumter

(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

53879

Registration District No. 412 Registered No. 41

(For use of Local Registrar)

2) Full Name of Child

Alfred P. Davis Jr.

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar. 28, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William P. Davis

(9) PRESENT POSTOFFICE OF FATHER

Sumter, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

Charleston, S.C.

(13) OCCUPATION

Bookkeeper

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Janette Engle

(15) PRESENT POSTOFFICE OF MOTHER

Sumter, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Sumter, S.C.

(19) OCCUPATION

Housewife

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

0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Sumter, S.C. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. P. Davis

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Sumter, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

Apr 1, 1916

(28)

W. J. McKasew
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.

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McKAY of Columbia, S. C. — In case of TWINS or TRIPLETS use a SUPPLEMENTAL BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 2.