

NOTE: IN CASE OF TWINS OR TRIPLETS, THIS IS A PERMANENT RECORD. 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Williamsburg</u>		STATE OF SOUTH CAROLINA		32642	
Township of <u>Johnson</u>		Bureau of Vital Statistics			
City of		State Board of Health			
Registration District No. <u>4304</u>		Registered No. <u>58</u>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)			
(2) Full Name of Child <u>Normie A Davis</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 5 1922</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Sam Davis</u>		(14) NAME BEFORE MARRIAGE <u>Caroline Jenkins</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Hammerway St.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Hammerway St.</u>			
(10) COLOR OR RACE <u>Colored</u>		(11) AGE AT LAST BIRTHDAY <u>28</u>		(16) COLOR OR RACE <u>Colored</u>	
(12) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>29</u>		(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farm</u>		(19) OCCUPATION <u>Nurse</u>			
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> on the date above stated. (Born alive or stillborn? <u>born</u>)					
(23) (Signature) <u>Mothe</u>		(24) Address of Physician or Midwife <u>Hammerway St.</u>			
(25) State whether Physician or Midwife					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19 Registrar		(27) Filed <u>Sept 14 1922</u> (28) Local Registrar <u>L. A. G.</u>			

*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.