

(1) PLACE OF BIRTH

County of Calhoun
 Township of Priceville
 or
 Inc. Town of Stone Lake, S.C.
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3332

Registration District No. 803 Registered No. 20
 (For use of Local Registrar)

(2) Full Name of Child Arnold R. Davis Jr. (No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL _____ (4) Twin or Triplets? _____ (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jul 8, 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Arnold R. Davis
 (9) PRESENT POSTOFFICE OF FATHER Ed. Motte S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Rebecca Plush
 (15) PRESENT POSTOFFICE OF MOTHER Ed. Motte S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Wife
 (20) Number of children born to mother, including present birth 1 3
 (21) Number of children of this mother, now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Wright (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ed. Motte S.C.

Given name added from a supplemental report

(26) Witness Mrs. J. D. Stoddard (Signature of Witness necessary only when question is signed by mark)

(27) Filed Jul 12, 1922 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.