

(1) PLACE OF BIRTH

County of RichTownship of Brooklynor
Inc. Town ofor
City of(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Helma Davis

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

1. BOY OR GIRL Girl

2. Twin or Triplet

To be answered only in event of Twin or Triplet

3. Number in order of birth

4. Are Parents Married Yes5. DATE OF BIRTH July 3, 1923

(Month of Birth) (Day) (Year)

FATHER.

6. FULL NAME William Davis7. PRESENT POSTOFFICE OF FATHER Brooklyn, S.C.R. 48. COLOR OR RACE White9. AGE AT LAST BIRTHDAY 35

(Year)

10. BIRTHPLACE La Co. S.C.11. OCCUPATION Farmer12. Number of children born to mother, including present birth Four

MOTHER.

13. NAME BEFORE MARRIAGE Miss Sadie Brown14. PRESENT POSTOFFICE OF MOTHER Brooklyn, S.C.R. 415. COLOR OR RACE White16. AGE AT LAST BIRTHDAY 30

(Year)

17. BIRTHPLACE La Co. S.C.18. OCCUPATION House work19. Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was Alive at 4:45 P. M., on the date above stated. (Hour M. or P. M.)(21) (Signature) [Signature]

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) Filed July 4, 1923(26) Mrs. J. J. Lane 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.

DO NOT WRITE IN THESE SPACES