CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19032

(1) PLACE OF BIRTH
County of Florence
Township of Gaines
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2001 Registered No. 18.
(For use of Local Registrar)
(No. St.; Ward)

(2) Full Name of Child Cordell Davis Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet?
(5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Feb. 23 (Name of Month) (Day) 16 (Year)

FATHER.

(8) FULL NAME Cordell Davis
(9) PRESENT POSTOFFICE OF FATHER Orum S.C.
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Orum S.C.
(13) OCCUPATION farm work
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Robinson
(15) PRESENT POSTOFFICE OF MOTHER Orum S.C.
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Orum S.C.
(19) OCCUPATION House & farm work
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:40 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Bowman
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Orum S.C.

Given name added from a supplemental report
....., 191....
Registrar

(26) Witness [illegible]
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feby 28 1916 (28) E. L. Montgomery
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. When there was no breathing 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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