

(1) PLACE OF BIRTH

County of *Orangeburg*
 Township of *Providence*
 OF
 Inc. Town of
 OF
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18749

Registration District No. *2616*Registered No. *42*
(For use of Local Registrar)(2) Full Name of Child *George James Davis*

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

(1) BOY OR GIRL *Boy* (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 29 1923*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Richard Davis*
 (9) PRESENT POSTOFFICE OF FATHER *Waco, D.C.*
 (10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *21*
 (Years)
 (12) BIRTHPLACE *Orangeburg Co.*
 (13) OCCUPATION *Farming*
 (20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Annie Stokes*
 (15) PRESENT POSTOFFICE OF MOTHER *Waco, D.C.*
 (16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *21*
 (Years)
 (18) BIRTHPLACE *Orangeburg County*
 (19) OCCUPATION *Housekeeping*
 (21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at *1 P.M.*
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Shea McKeane*(24) State whether Physician or Midwife *Midwife*(25) Address of Phys. or Midwife *Waco, D.C.*

Given name added from a supplemental report

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

(27) Filed *July 3, 1923* (28) *L. V. Nantley* 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.