

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Lower

Inc. Town of

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 Wallie Davis

File No. — For State Registrar Only

19000

Registered No. 161
(For use of Local Registrar)

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 10, 1922</u> (Month) (Day) (Year)
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FATHER

(8) FULL NAME John Davis

(9) PRESENT POSTOFFICE OF FATHER Congaree

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Sarah Jenkins

(15) PRESENT POSTOFFICE OF MOTHER Congaree

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Sign A. M. or P. M.)(23) (Signature) Susana Wright

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Congaree SC

Given name added from a supplemental report

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

(27) Filed 19 Local Registrar

When there was no attending physician or midwife, then the father, household head, 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.