

(1) PLACE OF BIRTH

County of Cherokee

Township of

Inc. Town of Cherokee

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76305

Registration District No. 12A Registered No. 76

(For use of Local Registrar)

(2) Full Name of Child Charles William Davidson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 27, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Will Lee Davidson(9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Cherokee N.C.(13) OCCUPATION Brick Layer(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Mary E. Roberts(15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Cherokee, S.C.(19) OCCUPATION Housewife(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 Born alive at 1 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Debra T. Sanders(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cherokee S.C.

Given name added from a supplemental report

(26) Witness Debra T. Sanders Jr
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 3, 1916 (28) Debra T. Sanders Jr 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia.