

MARGIN RESERVED FOR BINDING.

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 3.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>St. Lawrence</u>		STATE OF SOUTH CAROLINA		12556	
Township of <u>Magnolia</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>108</u>		Registered No. <u>67</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Lero Davis</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>May 19, 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Davis</u>			(14) NAME BEFORE MARRIAGE <u>Artina Adams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Calhoun Falls, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Calhoun Falls, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(12) BIRTHPLACE <u>St. Lawrence Co.</u>			(18) BIRTHPLACE <u>St. Lawrence Co.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>12</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Lellie Campbell</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Calhoun Falls</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>May 17, 1923</u> (28) <u>H. B. James</u> 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.					

See also of Columbia, Columbia, S. C.