

## (1) PLACE OF BIRTH

County of BambergTownship of 3 mileor  
Inc. Town of .....or  
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

17609

Registration District No. 404 Registered No. 53-  
(For use of Local Registrar)(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 Ernest Davis {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> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 1, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Roscoe Davis(9) PRESENT POSTOFFICE OF FATHER Edinburgh S.C.(10) COLOR OR RACE Wm. (11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Sease(15) PRESENT POSTOFFICE OF MOTHER Edinburgh S.C.(16) COLOR OR RACE Wm. (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 a.m.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Pattie Kearse(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edinburgh S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 10, 1922 (28) M. D. Kiehard  
Registrar 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.