

(1) PLACE OF BIRTH

County of NewberryTownship of #9or
Inc. Town ofor
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 Robert Lee Davis { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 22, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Davis(9) PRESENT POSTOFFICE OF FATHER Prosperity S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Newberry Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Matteline Hall(15) PRESENT POSTOFFICE OF MOTHER Prosperity S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Newberry Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Riley

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

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

(27) Filed Dec 29, 1922 (28) W. T. Gibson Local Registrar

Given name added from a supplemental report

191

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.

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