

(1) PLACE OF BIRTH

County of Amesbury
Township of Amesbury
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 4308 Registered No. 51
(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 Margaret Davis

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH..... <i>6</i> <i>9</i> th <i>1922</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME March Davis

9) PRESENT POSTOFFICE OF FATHER *Indian Dept. S.C. R. B.*

(10) COLOR OR RACE *Colored*

(11) AGE AT LAST BIRTHDAY *45*
(Years)

12) BIRTHPLACE

13. Manning, J.C.
OCCUPATION

13) OCCUPATION

Janet

20) Number of children born to mother, including present birth { 10

MOTHER

(14) NAME BEFORE MARRIAGE Peggy Singletary

(15) PRESENT POSTOFFICE OF MOTHER *Dallas Texas D.C. #3*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY.....*38*.....
(Years)

(18) BIRTHPLACE

Bryan D.C.

(19) OCCUPATION

Farm Labors

(21) Number of children of this mother now living, including present birth { 7 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... alive at 11 P.M.
on the date above stated. 29 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)	<i>Thelma Turner</i>	
(24) State whether Physician or Midwife	(25) Address of Physician or Midwife	

(24) State whether Physician or Midwife <i>Midwife</i>	(25) Address of Physician or Midwife <i>Bethesda, Md DC 20814</i>
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Given name added from a supplemental report

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

(27) Filed June 15th 1922 (28) A. B. Moore
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.