

SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Georgetown
Township of St. Louis
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
28416

Registration District No. 2105 Registered No. 24
(For use of Local Registrar)

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

(2) Full Name of Child Neta Davis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept. 3, 1923
(Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Derrick Davis</u>	(14) NAME BEFORE MARRIAGE <u>Esther Neal</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Hemingway St.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hemingway St.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)
(12) BIRTHPLACE <u>Georgetown Co. S.C.</u>	(18) BIRTHPLACE <u>Georgetown Co. S.C.</u>	(19) OCCUPATION <u>Farming</u>	(20) OCCUPATION <u>Housewife</u>
(22) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) D. Davis
(25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife Hemingway St.

Given name added from a supplemental report

(28) Witness

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

(29) Filed Sept. 12, 1923 (30) L. M. C. Parker 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.