

(1) PLACE OF BIRTH

County of horryTownship of Highor
Inc. Town ofor
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

4680

Registration District No. 3403 Registered No. 9

(For use of Local Registrar)

(No. of Street and Number) (Ward)

(2) Full Name of Child. Jessie Davis

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

(1) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Jun 24 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Davis(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Newberry Co S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Williams(15) PRESENT POSTOFFICE OF MOTHER Newberry Co SC(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Newberry Co S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Hour A. M. or P. M.) 12 on the date above stated.(23) (Signature) Bertha Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Newberry S.C.Midwife

(26) Witness

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

(27) Filed

1923

(28)

J. Y. Williams

Registrar

Given name added from a supplemental report

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*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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