

## (1) PLACE OF BIRTH

County of Orangeburg

Township of .....

OR

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

19651

Registration District No. 3600 Registered No. 41

(For use of Local Registrar)

(2) Full Name of Child Willie Davis { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 18, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Irish Davis(9) PRESENT POSTOFFICE OF FATHER Bowman St.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45  
(Years)(12) BIRTHPLACE Near Bowman(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Eight

## MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Fletcher(15) PRESENT POSTOFFICE OF MOTHER Bowman St.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 38  
(Years)(18) BIRTHPLACE Bowman St.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth Eight

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born June 18, 1922 at 4 a.m.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Mary K. Davis (25) Address of Physician or Midwife Bowman St.(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness B. J. Smith  
(Signature of witness necessary only when question 23 is signed by male)(27) Filed June 20, 1922 (28) H. M. Young  
Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.