

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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  
 MCGRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter  
 Township of Private  
 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  
**20318**

Registration District No. 414 Registered No. 52  
 (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 Rosa Lee Davis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 26 1907  
To be answered only in case of Twins or Triplets  
(Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Joseph Davis  
 (9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.  
 (10) COLOR OR RACE Cauc. (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE Sumter Co. S.C.  
 (13) OCCUPATION Shoemaker  
 (20) Number of children born to mother, including present birth Seven

MOTHER.  
 (14) NAME BEFORE MARRIAGE Mary Taylor  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.  
 (16) COLOR OR RACE Cauc. (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE Sumter Co. S.C.  
 (19) OCCUPATION House and field work  
 (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report  
 .....  
 ..... 19 .....

(26) Witness [Signature]  
(Signature of witness necessary only when question 23 is signed by parent)  
 (27) Filed [Signature] 19 .....

\*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.