

Form No. 1

(1) PLACE OF BIRTH

County of LaniersTownship of Youngsor
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

Registration District No. 2908

File No. — For State Registrar Only

90674

Registered No. 98

(For use of Local Registrar)

(2) Full Name of Child Bessie 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 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 14 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Davis(9) PRESENT POSTOFFICE OF FATHER Owings SC(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Greenville Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 5 }

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Doby(15) PRESENT POSTOFFICE OF MOTHER Owings SC(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Laniers SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 5 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:30 P.M., on the date above stated. (Born alive or stillborn) (Hour 10:30 or P.M.)(23) (Signature) Sophia Jackson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness D. Bennett
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 1 1917 (28) P. E. Harris 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.

McCauley of Columbia, PRINTING, NO. 1, THE GAZETTE, NO. 2, ETC., IN QUESTION 5.

