

## (1) PLACE OF BIRTH

County of Wm.burg  
 Township of Mingo  
 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

30522

Registration District No. 4307 Registered No. 26  
 (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 Lenzie Davis If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Child 12 (7) DATE OF BIRTH Sept. 12, 1923  
 To be answered only in event of Twin or Triplet (Name, Month, Day, Year)

## FATHER.

(8) FULL NAME Jno Davis  
 (9) PRESENT POSTOFFICE OF FATHER Monroville  
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 31  
 (Year) 1923  
 (12) BIRTHPLACE Wm.burg Co.  
 (13) OCCUPATION Farm hld  
 (20) Number of children born to mother, including present birth 1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel McCray  
 (15) PRESENT POSTOFFICE OF MOTHER Monroville  
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 27  
 (Year) 1923  
 (18) BIRTHPLACE Wm.burg Co.  
 (19) OCCUPATION Farm hld  
 (21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept. 29, 1923 (28) J. E. Green 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.