

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Charleston

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

18318

Township of .....

or

Inc. Town of .....

or

City of .....

Registration District No. 13-0-1. Registered No. 51....

(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

Katie Davis

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

3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH June 22 1902

(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Gerry Davis

9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

47

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

farm hand

20) Number of children born to mother, including present birth

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Margaret Samuel

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

34

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

at home

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Rebecca M. Davis

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Charleston R

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 1 1902

(28)

E. A. Emery

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.