

File No.—For State Registrar Only
76370

(1) PLACE OF BIRTH
County of Chesterfield
Township of CH
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

Registration District No. 1203 Registered No. 174
(For use of Local Registrar)
(No. St.; Ward)

(2) Full Name of Child If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? - (5) Number in order of birth 7th (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 15 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. W. E. Davis
(8) FULL NAME W. E. Davis
(9) PRESENT POSTOFFICE OF FATHER Chesterfield
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
(12) BIRTHPLACE Chesterfield Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Seventh

MOTHER. Laura Douglas
(14) NAME BEFORE MARRIAGE Laura Douglas
(15) PRESENT POSTOFFICE OF MOTHER Chesterfield
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32
(18) BIRTHPLACE Chesterfield Co.
(19) OCCUPATION House Keeper
(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. J. Deal
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chesterfield

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 20 1916 (28) D. E. Mulloy 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING 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.
McCAW OF COLUMBIA, COLUMBIA, S. C.