

Form No. 1

(1) PLACE OF BIRTH

County of *Laurens*Township of *Laurens*Inc. Town of *Laurens*City of *Laurens*

(No. St. Ward) (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

File No.—For State Registrar Only

27000

Registration District No. *1174*Registered No. *39*

(For use of Local Registrar)

(2) Full Name of Child

Annie Mae Davis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Age Parents Married

(7) DATE OF BIRTH

Feb 10 1937

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Albert Davis

(9) PRESENT POSTOFFICE OF FATHER

Laurens

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Laurens

(13) OCCUPATION

Laborman

(14) Number of children born to mother, including present birth

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Marie Davis

(15) PRESENT POSTOFFICE OF MOTHER

Laurens

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

41

(Years)

(18) BIRTHPLACE

Laurens

(19) OCCUPATION

Housewife

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

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *6 a.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

Physician or Midwife

(Given name added from a supplemental report)

(24) Witness

(Signature of Witness necessary only when question 23 is signed "Midwife")

(25) Filed

*Sept 23*19 *37*

(26)

P. M. J. J. J.

Registrar

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.

WRITE PLAINLY, WITH VIVIDNESS, ETC.—THIS IS A PERMANENT RECORD.
 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.

Bureau of Columbia, Columbia, S. C.