

Form No. 1.

(1) PLACE OF BIRTH

County of *Larry*

Township of *Bucksville*

Inc. Town of *Bucksville*

City of *Bucksville*

(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. *90332* For State Registrar Only

Registration District No. *25.5.1* Registered No. *159*

(For use of Local Registrar)

St.; *Ward*

(2) Full Name of Child *Alice Davis*

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

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Dec. 17, 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Mock Davis*

(9) PRESENT POSTOFFICE OF FATHER *Bucksville S.C.*

(10) COLOR OR RACE *Caucasian*

(11) AGE AT LAST BIRTHDAY *40*

(12) BIRTHPLACE *Bucksville S.C.*

(13) OCCUPATION *Corn Labor*

(20) Number of children born to mother, including present birth *7*

MOTHER.

(14) NAME BEFORE MARRIAGE *Rosa Lawrence*

(15) PRESENT POSTOFFICE OF MOTHER *Bucksville S.C.*

(16) COLOR OR RACE *Caucasian*

(17) AGE AT LAST BIRTHDAY *34*

(18) BIRTHPLACE *George town S.C.*

(19) OCCUPATION *House wife*

(21) Number of children of this mother now living, including present birth *7*

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) *midwife*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Bucksville S.C.*

H. L. Charlton

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Dec. 28, 1916*

(28)

S. F. Bourne 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.

McGraw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.