

## (1) PLACE OF BIRTH

County of Richland

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36211

Township of .....

or  
Inc. Town of .....City of Columbia, S.C.Registration District, No. 38ARegistered No. 1825

(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 Brady Chite Davis { 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 8, 22  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Jessie Franklin Davis</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Martin</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Columbia, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)
(12) BIRTHPLACE <u>Richland County</u>	(18) BIRTHPLACE <u>Richland County</u>	(19) OCCUPATION <u>Clerk</u>	(19) OCCUPATION <u>House-keeper</u>
(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>one</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour 7 P. M. or P. M.) on the date above stated.(23) (Signature) Susan X. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1920 Park St.

Given name added from a supplemental report

(26) Witness Lucie Brown (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 11-5-1917 (28) Colbert 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.

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WHILE PLAINLY, WITH UNENDING AND LASTING  
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.