

Form No. 1

(1) PLACE OF BIRTH

County of FlorenceTownship of Leeor
Inc. Town of Scrantonor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

85614

Registration District No. 2001 Registered No. 33
(For use of Local Registrar)City of (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 Paul Davis Jr. If child is not yet named, make supplemental report as directed(3) BOY or GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age, Sex, Married 20 (7) DATE OF BIRTH Oct. 3 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Davis(9) PRESENT POSTOFFICE OF FATHER Scranton, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Florence Co.(13) OCCUPATION Saw Mill Labourer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Hallie Jackson(15) PRESENT POSTOFFICE OF MOTHER Scranton, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Scranton, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 15 a.m. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. Vermelle Frierson(23) (Signature) Midwife (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Scranton, S.C.

Given name added from a supplemental report

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

(27) Filed 11/13/1916 (28) R. L. Carter 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. WHITE 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.