

(1) PLACE OF BIRTH

County of Wm.burg
 Township of Permit
 of
 Inc. Town of.....
 of
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. for State Registrar's Office
30527

Registration District No. 4308 Registered No. 81
 (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 Henry Lee Davis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 24th (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Chester Davis

(9) PRESENT POSTOFFICE OF FATHER Lanes - S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Year)

(12) BIRTHPLACE Wm. burg co. S.C.

(13) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Ellen McDonald

(15) PRESENT POSTOFFICE OF MOTHER Lanes - S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Year)

(18) BIRTHPLACE Wm. burg co. S.C.

(19) OCCUPATION Farm laborer

(21) Number of children of this mother now living, including present birth 4

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 A. M. or P. M.) 8 P.
 on the date above stated.

(23) (Signature) Dilley Thounder (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lanes S.C.

Given name added from a supplemental report

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

(27) Signed Sept 26th 1922 (28) AK Mosley Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.