

M. 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 1.
 Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Wichita
 Township of Shu
 Inc. Town of
 City of

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

File No. — For State Registrar Only
26886

Registration District No. 213 Registrar No.
 (For use of Local Registrar)
 of Loc. St. Ward)

(2) Full Name of Child Robert L. 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 Sept 2 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Oscar Davis
 (9) PRESENT POSTOFFICE OF FATHER Augusta Ga.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE Clyfield Sc
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 13

MOTHER
 (14) NAME BEFORE MARRIAGE Eddie Key
 (15) PRESENT POSTOFFICE OF MOTHER Augusta Ga.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE Wikey Sc
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 8 A. M.,
 on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) M. M. Hunt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 7 1923 (28) S. E. T. M. Black
 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.