

MARGIN RESERVED FOR BINDING  
 WHITE SLAINET WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 A B—LA MARK ON TWINS OR TRIPLETS—SEE SEPARATE BLANK FOR EACH CHILD, AND MARK C  
 FIRST-BORN No. 1 THE OTHER, No. 2, etc., in question 5.  
 GOVERNMENT OF COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Union  
 Township of Across Keys  
 or  
 Inc. Town of St. J.  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (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.—For State Registrar Only  
**79571**

Registration District No. 4200 Registered No. 485  
 (For use of Local Registrar)

(2) Full Name of Child Mattie Ruth Daves (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 1 (6) Are Parents Married? no (7) DATE OF BIRTH Sept 23 1911  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Earnest Davis  
 (9) PRESENT POSTOFFICE OF FATHER Across Keys  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE Union Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Leasia Gist  
 (15) PRESENT POSTOFFICE OF MOTHER Sedalia St. Rte #  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE Union Co  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cindy Robinson  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sedalia St. Rte #  
 Given name added from a supplemental report \_\_\_\_\_  
 (26) Witness Edna Mosely (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed \_\_\_\_\_ 19 \_\_\_\_\_ (28) Armosely 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.