

Form No. 3

(1) PLACE OF BIRTH

County of BeaufortTownship of Sheldonor
Inc. Town ofor
City of

(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

29022

Registration District No. 422A Registered No. 49

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Russell Davis

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

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept. 20, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jack Davis(9) PRESENT POSTOFFICE OF FATHER Dale, S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Beaufort Co., S.C.(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Sara Meyers(15) PRESENT POSTOFFICE OF MOTHER Dale, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Beaufort Co., S.C.(19) OCCUPATION Farmer's wife(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 Born alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma x Alston(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Dale, S.C.

Given name added from a supplemental report

(26) Witness E. V. Marle

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

(27) Filed Sept 21, 1922(28) Meir Jaffer 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.

SEPARATE BLANKS FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCGRAW-HILL BOOK CO., COLUMBIA, D. C.