

(1) PLACE OF BIRTH

County of FlorenceTownship of One million

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. - For this register
28330Registration District No. 2011 Registered No. 49
(For use of Local Registrar)(No. of Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Ruby Ruth Elisabeth Davis If child is not yet named, make supplemental report as directed(3) SEX OR GENDER girl (4) Type or Figure To be entered only in case of Twin or Triple (5) Number in order of birth 1 (6) Is Child Married Yes (7) DATE OF BIRTH July 1, 1923(8) FULL NAME Julius Davis (9) NAME BEFORE MARRIAGE Prinnie Huggins(10) PRESENT RESIDENCE OF FATHER Florence (11) PRESENT RESIDENCE OF MOTHER Florence S.C.(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 46 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 41(16) BIRTHPLACE Hyman (17) BIRTHPLACE Williamburg(18) OCCUPATION Farming (19) OCCUPATION House keeping(20) Number of children born to mother, including present birth 7 (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 A. live 10 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. J. Davis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Corner of 1st and 2nd

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 20 (28) W. H. Davis

When there was no attending physician or midwife, then the father, householder, etc., should sign. 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.