CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 34513

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or Inc. Town of .....

or City of Charleston S.C. No. 220 St. Philip St.; 8 Ward)

(If birth occurs in a hospital of other institution, give name of same instead of street and number.)

Registration District No. 9A Registered No. 1733 (For use of Local Registrar)

(2) Full Name of Child John 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 Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH October 24th 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Davis

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Columbia S.C.

(13) OCCUPATION Laborer.

(14) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Amander Benton

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Columbia S.C.

(19) OCCUPATION housekeeper.

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

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) at two A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Elga J. Fuller

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: 71 Coming St.

Given name added from a supplemental report ....., 191....

..... Registrar

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

(27) Filed 10/28 191.. (28) ..... 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.

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