

(1) PLACE OF BIRTH

County of Greenville,....

Township of Greenville,..

OF
Inc. Town of Greenville,...

OF
City of Greenville, S.C., (No. 289 Markley St.)

(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

89915

Registration District No. 28 Registered No. 450
(For use of Local Registrar)

(2) Full Name of Child Not yet named. } 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 X (6) Are Parents Married? Yes (7) DATE OF BIRTH 12/1/19
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Davis.

(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.

(10) COLOR OR RACE Black. (11) AGE AT LAST BIRTHDAY 37
(Years)

(12) BIRTHPLACE Charlotte, N. C.

(13) OCCUPATION Laborer.

(20) Number of children born to mother, including present birth } Four.

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Smith.

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE Abbeville. S. C.

(19) OCCUPATION Housewife,

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. Alive at 11 P. M.
(Born alive or stillborn) (Hour or P. M.)
on the date above stated.

(23) (Signature) [Signature]

(24) State whether Physician or ~~Midwife~~ (25) Address of Physician or ~~Midwife~~
Physician. Greenville, S. C

Given name added from a supplemental report
[Signature] 191...
Registrar

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

(27) Filed Dec 1 1916 (28) [Signature] 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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FIRST-BORN, No. 1, THE OFFICE, No. 2, etc., in question 8.
McChaw, of Columbia.