

9-19-42

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

## 1. PLACE OF BIRTH

County of Anderson  
Township of Centerville  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Anderson

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 303

FILE No.—For State Registrar Only

03847

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number) \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

2. FULL NAME OF CHILD Nelson Davis { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents \_\_\_\_\_ 8. Date of birth July 23, 1916  
(Month, day, year)

9. Full name FATHER Mark Davis 18. Name before marriage MOTHER Nora Henderson

10. Residence (mailing address) Anderson, S. C. 19. Residence (mailing address) Anderson, S. C.  
(If non-resident, give place and State)

11. Color or race Negro 12. Age at child's birth 24 (years) 20. Color or race Negro 21. Age at child's birth 16 (years)

13. Birthplace (city or place) South Carolina 22. Birthplace (city or place) South Carolina  
(State or country)

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter</u>	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>House wife</u>
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>In home</u>
16. Date (month and year) last engaged in this work _____ 19. _____	25. Date (month and year) last engaged in this work _____ 19. _____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn None

28. If stillborn, ✓ months ✓ weeks 29. Cause of stillbirth ✓ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at \_\_\_\_\_ m. on the date above stated.

(Signed) Nora Davis (mother) Parent

or \_\_\_\_\_ Guardian

Address 306 Kenilworth St Det. Mich.Filed Oct. 15, 19 42 M. B. Woodward, M.D.

Registrar.

Registrar.