

16 092983

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

1. PLACE OF BIRTH

County of Anderson

Township of Centerville

or

Inc. Town of

or

City of Anderson

(No. St.; Ward)

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

Registered No. (For use of Local Registrar)

2. FULL NAME OF CHILD

Nelson Davis

If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy	If Plural Births	4. Twin, triplet or other	5. Number, in order of birth	6. Premature	7. Are Parents Married?	8. Date of birth	19
				yes	yes	July 23	16
						(Month, day, year)	

9. Full name FATHER
Mark Davis18. Name before marriage MOTHER
Norm Henderson

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

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

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) (State or country) South Carolina

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House wife

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. In home

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged 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, period of gestation 4 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 Norm Henderson GuardianAddress 306 Kenilworth St Det. Mich.Filed Oct. 15, 19 42 M. B. Woodward, M.D.
Registrar.

Registrar.

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.)