

(1) PLACE OF BIRTH

County of Greenville...

Township ofCS.....

OF

THE TOWN OF

City of

(12) BIRTH RECORD IN A HOSPITAL

CERTIFICATE OF BIRTH

SEATE OF SOUTH CAROLINA.

Survey of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4022

Registration District No. 2204

Registered No. 37

(For use of Local Registrar)

② Full Name of Child. Carol Davis

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

BOY ON

(4) Twin or Triplet?

(g) Number in order of birth

(6) Are Parents Married? **Yes**

(7) DATE OF BIRTH Feb 17 23
(Name of Month) (Day) (Year)

(Name of Month) (Day) (Year)

FATHER.

FULL NAME Engine Herman Davis

PRESENT POSTOFFICE *Green* *BFD 4*

COLOR OR PAGE *W* (11) AGE AT LAST BIRTHDAY 22 (Years)

(m) BIRTHPLACE *Summit Co*

2) OCCUPATION *Farmer*

20) Number of children born to mother, including current birth *one*

MOTHER

(14) NAME BEFORE MARRIAGE *Effie Hart*

(18) PRESENT POSTOFFICE *NEW DC 9294*

(16) COLOR 941 (17) AGE AT LAST BIRTHDAY 24

(10) BIRTHPLACE *in C*

(19) OCCUPATION

Winnipeg

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(28) (Signature) John A. ...
 (29) (Address of Physician or Institute) ...

(24) State whether Physician or Midwife DC Physician

Given name added from a supplemental report

2-11-1972

...and I give...

(26) Witness (Signature of Witness necessary only
as indicated by mark)

When question 25 is signed by _____
 [Signature]

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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