

PLACE OF BIRTH

County of Spartanburg
 Town of Ashe Springs

CERTIFICATE OF BIRTH

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

1910

Registration District No. 4000Registered No. 33
(For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

1) Full Name of Child William If child is not yet named, make supplemental report as directed

2) SEX OF CHILD Male 3) DATE OF BIRTH June 7, 1909
 4) Age of Child 40 5) PLACE OF BIRTH (Day) (Year)

FATHER.
 6) FULL NAME Herman Davis
 7) PRESENT POSTOFFICE OF FATHER Tucuman SC
 8) COLOR OR RACE White 9) AGE AT LAST BIRTHDAY 27
 10) BIRTHPLACE Spartanburg Co.
 11) OCCUPATION mill work
 12) Number of children born to mother, including present birth Three (3)

MOTHER.
 13) NAME BEFORE MARRIAGE Ella Blackwell
 14) PRESENT POSTOFFICE OF MOTHER Tucuman S.P.
 15) COLOR OR RACE White 16) AGE AT LAST BIRTHDAY 28
 17) BIRTHPLACE Spartanburg Co.
 18) OCCUPATION house wife
 19) Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

20) I hereby certify that I attended the birth of this child, who was Alive at 3 A. M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

21) (Signature) S. J. Sloan
 22) State whether Physician or Midwife Physician 23) Address of Physician or Midwife Tucuman

Given name added from a supplemental report
 19
 Registrar

24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 25) Filed July 1, 1909 26) S. J. Sloan 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.