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Form No. 1

(1) PLACE OF BIRTH

County of *W. H. G.*
Township of *Glenn Springs*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

12081

Registration District No. *400* Registered No. *34*
(For use of Local Registrar)

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

(2) Full Name of Child *Bernard Davis* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *Boy* (4) Twin or Triplet () (5) Number in order of birth (6) Are Parents Married *yes* (7) DATE OF BIRTH *Mar 30 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Henry Davis*
(9) PRESENT POSTOFFICE OF FATHER *Glenn Springs*
(10) COLOR OR RACE *Blk* (11) AGE AT LAST BIRTHDAY *35*
(Year)
(12) BIRTHPLACE *S.C.*
(13) OCCUPATION *Farmer*
(14) Number of children born to mother, including present birth *12*

MOTHER.

(14) NAME BEFORE MARRIAGE *Carrie Kant*
(15) PRESENT POSTOFFICE OF MOTHER *Glenn Springs*
(16) COLOR OR RACE *Blk* (17) AGE AT LAST BIRTHDAY *31*
(Year)
(18) BIRTHPLACE *S.C.*
(19) OCCUPATION *Dom.*
(20) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *Born alive* at *2 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) *Carrie Moore*
(23) State whether Physician or Midwife *Mid* (24) Address of Physician or Midwife *Glenn Springs*

Given name added from a supplemental report

(25) Witness *J. C. White*
(Signature of Witness necessary only when Question 23 is signed by mark)

(26) Filed *May 10 1923* (27) *Mrs. J. C. White*
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.