

1. PLACE OF BIRTH

County of *Greenville*Township of *Shelton*City of *Shelton*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66459

Registration District No. *4107* Registered No. *65*

(For use of Local Registrar)

(No. *1* of *1* in *1* Ward)

If born in a hospital or other institution, give name of same instead of street and number.

Full Name of Child *Mrs. Davis*

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

Sex *Male* (2) Number in order of birth *1*(6) Are Parents Married *Yes* (7) DATE OF BIRTH *June 20, 1916*

FATHER.

(4) NAME BEFORE MARRIAGE *William Davis*(5) PRESENT POSTOFFICE OF MOTHER *Lynchburg, Va.*(6) COLOR OR RACE *Black* (7) AGE AT LAST BIRTHDAY *24*(8) BIRTHPLACE *Sumter, Co*(9) OCCUPATION *Housekeeping*(10) Number of children born to mother, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was *born* at *10* P. M. in the time above stated.(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Lynchburg, Va.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *7-5* 1916 (28) *S. B. McEwen* 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.

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