

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
19765Township of PiedmontInc. Town of PiedmontCity of AndersonCity of Anderson

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

(2) Full Name of Child

Zephie Davenport

Child is not yet named, make supplemental report as directed

3. BOY OR GIRL

Girl

4. Twin or Triplet

To be answered only in event of Twin or Triplet

5. Number in order of birth

6. Are Parents Married

Yes

7. DATE OF BIRTH

July 29, 1923

FATHER.

8. FULL NAME

Walter Davenport

9. PRESENT POSTOFFICE OF FATHER

Piedmont

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

25

12. BIRTHPLACE

S.C.

13. OCCUPATION

Miller Work

20. Number of children born to mother, including present birth

15

MOTHER.

14. NAME BEFORE MARRIAGE

Mamie Smith

15. PRESENT POSTOFFICE OF MOTHER

Piedmont

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

23

18. BIRTHPLACE

S.C.

19. OCCUPATION

Domestic

21. Number of children of this mother now living, including present birth

15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date

July 30, 1923

(28) Signature

E. J. Fleming

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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