

(1) PLACE OF BIRTH

County of Greenville
 Township of Oneal
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
56107

Registration District No. 2213 Registered No. 27
 (For use of Local Registrar)
 City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 21st 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Davis
 (9) PRESENT POSTOFFICE OF FATHER Taylor SC R #1
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Greenville Co SC
 (13) OCCUPATION Farm work
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Brown
 (15) PRESENT POSTOFFICE OF MOTHER Taylor SC R #1
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Greenville Co SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 125 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Taylor SC R #1

Given name added from a supplemental report

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

(27) Filed May 8 1916 (28) Albert W. News 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.

Registrar J

Local Registrar

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WILLIAMS, N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.