

(1) PLACE OF BIRTH

County of *Marion*Township of *Marion*or Inc. Town of *Alf*or City of *109 Hudson*

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17748

Registration District No. *220* Registered No. *307*

(For use of Local Registrar)

(No. *109 Hudson* St.; *Ward*)(2) Full Name of Child *Lonsey Davidson*

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

(3) BOY OR GIRL? *girl* (4) Twin or Triple? *Twins* (5) Number in order of birth *2* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 22* (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Harry M Davidson*(9) PRESENT POSTOFFICE OF FATHER *Marion SC*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *34* (Years)(12) BIRTHPLACE *Spaulding SC*(13) OCCUPATION *Printer*(20) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Nela Young*(15) PRESENT POSTOFFICE OF MOTHER *Marion SC*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *Marion SC*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10* *07* P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Wm. J. Warren*

(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) Filed *June 28, 1913* (28) *C. E. Smith* 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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