

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. In.—For State Department	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		24537	
Township of <u>Camden</u>		Bureau of Vital Statistics			
Inc. Town of.....		Registration District No. <u>22A</u>		Registered No. <u>429</u>	
City of.....		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(For use of Local Registrar)	
(2) Full Name of Child <u>Davidson</u>		If child is not yet named, make supplemental report as directed			
(3) SEX GIRL	(4) Type or Triplet	(5) Age in years	(6) Date of Birth	(7) Month	(8) Day
	To be reported only in certain cases	<u>8</u>	<u>yes</u>	<u>8</u>	<u>25</u>
FATHER			MOTHER		
(9) FULL NAME <u>A. B. Davidson</u>			(14) NAME BEFORE MARRIAGE <u>Effie Bates</u>		
(10) PRESENT RESIDENCE OF FATHER <u>Greenville, S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Greenville, S.C.</u>		
(16) COLOR OR RACE <u>White</u>			(17) COLOR OR RACE <u>White</u>		
(18) BIRTHPLACE <u>Greenville Co.</u>			(19) BIRTHPLACE <u>Greenville Co.</u>		
(20) OCCUPATION <u>Farmer</u>			(21) OCCUPATION <u>Farmer</u>		
(22) Number of children born to mother, including present birth <u>8</u>			(23) Number of children of this mother now living, including present birth <u>8</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(24) I hereby certify that I attended the birth of this child, who was <u>born</u> on the date above stated.					
(25) (Signature) <u>J. H. Davidson</u>					
(26) State whether Physician or Midwife <u>Physician</u>					
(27) Address of Physician or Midwife <u>1234 Main</u>					
Given name added from a supplemental report					
<u>James J. Carey</u>					
Nov. 17, 1923					
(28) Witness <u>C. Smith</u>					
(29) Filed <u>Aug. 29, 1923</u>					
(30) 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.

fifth month of pregnancy