

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of 2or  
City of GreenvilleCity of Greenville

(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

85476

Registration District No. 1904 Registered No. 5

(For use of Local Registrar)

St.; (For use of Local Registrar)

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

(2) Full Name of Child Nathan H. Davis(a) BOY OR GIRL? Boy(b) Twin or Triplet? No(c) Number in order of birth 3(d) Are Parents Married? Yes(e) DATE OF BIRTH Oct. 25, 1906

Name of Month (Day) (Year)

## FATHER

(1) FULL NAME Nathan H. Davis(2) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(3) COLOR OF RACE White(4) AGE AT LAST BIRTHDAY 26 (Years)(5) BIRTHPLACE Greenville, S.C.(6) OCCUPATION Teacher(7) Number of children born to mother, including present birth 3

## MOTHER

(1) NAME BEFORE MARRIAGE Elizabeth Caldwell(2) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(3) COLOR OR RACE White(4) AGE AT LAST BIRTHDAY 23 (Years)(5) BIRTHPLACE Greenville, S.C.(6) OCCUPATION Teacher(7) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

(26) Witness [Signature]

(Signature of Witness necessary only when question 22 is signed by clerk)

(27) Filed Oct 26 1906(28) [Signature] 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 before the fifth month.