

(1) PLACE OF BIRTH

County of GreenvilleTownship of JohnsonInc. Town of JohnsonCity 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

28565

Registered No. 2209

(For use of Local Registrar)

(2) Full Name of Child

Virginia Davis

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

(3) SEX

Girl

(4) Twin or Triplet

No

(5) Number in order of birth

1

(6) Are Parent Married

Yes

(7) DATE OF BIRTH

Sept 1, 1923

(Month) (Day) (Year)

FATHER

(8) FULL NAME

Joy Lyman

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Textile

MOTHER

(14) NAME BORN

Annella Annistat

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

2

(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 born alive or stillborn on the date above stated.

(23) (Signature)

(24) Name

(25) Address of Physician or Midwife

Greenville S.C.

(26) Address of Physic

Greenville S.C.

Give name added from supplemental report

(27) Witness

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

(28) Date

Sept 5, 1923

(29) Local Registrar

W. H. Mackay

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child becomes born dead, it should be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Local Registrar