

Form No. 1

## (1) PLACE OF BIRTH

County of SpartanburgTownship of W. 1st

or Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 4006

File No. — For State Registrar Only

19207

Registered No. 70  
(For use of Local Registrar)(2) Full Name of Child Stella Beatrice Davis (No. .... St. .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.) If child is not yet named, make supplemental report as directed3 SEX OR ONLY Girl 4 Twin or Triplet No 5 Number in order of birth 1 6 Are Parents Married yes 7 DATE OF BIRTH 6-21-23 (Name of Month) (Day) (Year)FATHER. 8 FULL NAME Geo Davis 9 PRESENT POSTOFFICE OF FATHER Trough S.C. 10 COLOR OR RACE White 11 BIRTHPLACE S.C. 12 OCCUPATION Millwright 13 AGE AT LAST BIRTHDAY 34 (Year) 14 NAME BEFORE MARRIAGE Emma Allen 15 PRESENT POSTOFFICE OF MOTHER Trough S.C. 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 28 (Year) 18 BIRTHPLACE N.C. 19 OCCUPATION Housewife 20 Number of children of this mother now living, including present birth 4 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 born at 59 M. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) M. L. K. Kipp(24) State whether Physician or Midwife(25) Address of Physician or Midwife W. W. Brown

Give name added from a supplemental report

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

(27) Filed July 13, 1923 (28) M. W. Brown 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.