

(1) PLACE OF BIRTH
County of Greenville

Township of

OF
Inc. Town of

OF
City of Greenville, S. C.

(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

Registration District No. 22A

File No.—For State Registrar Only
3950

Registered No. 48
(For use of Local Registrar)

2) Full Name of Child

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

(1) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 1st, 28
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Davis

(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.

(10) COLOR OR RACE Colored
(11) AGE AT LAST BIRTHDAY 39
(Years)

(12) BIRTHPLACE Georgia.

(13) OCCUPATION Day labor

(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Cristeen Williams

(16) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.

(17) COLOR OR RACE Colored
(18) AGE AT LAST BIRTHDAY 28
(Years)

(19) BIRTHPLACE Greenville, S. C.

(20) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 9:00 A. M. on the date above stated.
(Born alive or stillborn. (Hour A. M. or P. M.)

(23) (Signature) Anna A. Simpson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife R. H. Simpson

(26) Name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed by parent)

(28) Filed Feb 5 1913 (29) 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.