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U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH

County of Greenwood  
Township of Callison  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

Standard Certificate of Birth

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 2302 Registered No. \_\_\_\_\_  
(For use of Local Registrar)

F: \_\_\_\_\_ only

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Julian Aiton Davis { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term yes 7. Are Parents Married? yes 8. Date of birth July 31 1923  
(Month, day, year)

9. Full name Possey Winslow Davis FATHER  
10. Residence (mailing address) Troy S.C. R720  
(If non-resident, give place and State)

18. Name before marriage Marie Elizabeth Aiton MOTHER  
19. Residence (mailing address) Troy S.C. R720  
(If non-resident, give place and State)

11. Color or race w 12. Age at child's birth 37 (years)  
13. Birthplace (city or place) Ninety Six S.C.  
(State or country)

20. Color or race w 21. Age at child's birth 25 (years)  
22. Birthplace (city or place) Callison S.C.  
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 19. \_\_\_\_\_

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home  
25. Date (month and year) last engaged in this work \_\_\_\_\_ 19. \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0  
28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:30p m. on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ m. on above date silver nitrate  
(Name of Prophylactic)

Cleft Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities \_\_\_\_\_ (Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. S. Ward, M. D.

or \_\_\_\_\_ Midwife

Given name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_ (Date of)

Address Greenwood S.C.

Filed Feb. 8, 1943 M. B. Woodward, M.D.  
Local Registrar

State Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.  
(See instructions on Back of Certificate.)