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

1. PLACE OF BIRTH

County of GreenwoodTownship of Calhounor
Inc. Town ofor
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)

(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 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 18. Name before marriage Marie Elizabeth Aiton MOTHER10. Residence (mailing address) Tray S.C. R720 (If non-resident, give place and State) 19. Residence (mailing address) Tray S.C. R720 (If non-resident, give place and State)11. Color or race w 12. Age at child's birth 37 (years) 20. Color or race w 21. Age at child's birth 25 (years)13. Birthplace (city or place) Ninety Six S.C. (State or country) 22. Birthplace (city or place) Calhoun S.C. (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper15. Industry or business in which work done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 19. 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 19.

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 6:30 p.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 silvers nitrate m. on above date. (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.

Given name added from a supplementary report. (Date of)

(Signed) J. S. Ward, M. D.or Greenwood S.C. MidwifeAddress 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.)