

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of G'ville Park Place (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

No. 24872 - For State Registrar Use

Registration District No. 2209 Registered No. PA 52
(For use of Local Registrar)

(2) Full Name of Child Ella Frances Davidson (If child is not yet named, make supplemental report as directed)

3) SEX OR GIRL? 4) Twin or Triplet 5) Number in order of birth 6) Are Parents Married Yes 7) DATE OF BIRTH Feb. 23
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Tom Davidson

9) PRESENT POSTOFFICE OF FATHER G'ville

10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 49
(Year)

12) BIRTHPLACE Union Co - S.C.

13) OCCUPATION Painter

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

MOTHER.

14) NAME BEFORE MARRIAGE Sunie Campbell

15) PRESENT POSTOFFICE OF MOTHER G'ville

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 42
(Year)

18) BIRTHPLACE G'ville Co

19) OCCUPATION Gold Domestic

21) Number of children of this mother and living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. W. Mason
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 1 1923. (28) Geo. W. Mason 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.