

Use in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

File No.—For State Registrar Only

90126

Registration District No.

Registered No.

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 6

1916

Take answered only in event of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Christopher E. Davis

(9) PRESENT POSTOFFICE OF FATHER

Greenville S. C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

50

(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Mill Operator

MOTHER.

(14) NAME BEFORE MARRIAGE

Flornice E. Hitt

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S. C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

40

(Years)

(18) BIRTHPLACE

Ga.

(19) OCCUPATION

Housewife

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

14

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

at 4 A. M. or P. M.

(23) (Signature)

C. E. Hitt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

physician Greenville S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 5 7

1916

(28)

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.

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