

FORM NO. 1.

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Campobelloor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

92765

Registration District No. 4001-aRegistered No. 6

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child. Eugene DavisIf child is not yet named, make  
supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 30</u> 19 <u>17</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Nolon Davis</u>	(14) NAME BEFORE MARRIAGE <u>Nancy Clayton</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Campobello S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Campobello</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>		
(12) BIRTHPLACE <u>S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>			
(13) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>S.C.</u>			
(19) OCCUPATION <u>housewife</u>	(20) Number of children born to mother, including present birth <u>4</u>			
(21) Number of children of this mother now living, including present birth <u>4</u>				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 P M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. E. Morrison(24) State whether Physician or Midwife | (25) Address of Physician or Midwife  
Phys | Campobello

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Feb 7 1917(28) C. L. Masby

Local Registrar.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.  
McClure, of Columbia

\*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.