

FORM NO. 1.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Campobello

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  
**92765**

Registration District No. 4001-a

Registered No. 6  
(For use of Local Registrar)

(2) Full Name of Child Eugene Davis

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet? 1

(5) Number in order of birth  
*To be answered only in event of Twins or Triplets* 4

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 30 1917  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Nolon Davis

(9) PRESENT POSTOFFICE OF FATHER Campobello S.C.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Nancy Clayton

(15) PRESENT POSTOFFICE OF MOTHER Campobello

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 4

**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. Mason

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Campobello

Given name added from a supplemental report

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Registrar

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

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

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.  
McCauley, of Columbia