

PLACE OF BIRTH

County of *Sharlaburg*
Township of *Reidsville*

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
79305

Registration District No. *H. 107* Registered No. *112*
(For use of Local Registrar)
or
City of (No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *William Jefferson Davis* { If child is not yet named, make supplemental report as directed

BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth *2* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *April, 27, 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Atticus Davis*
(9) PRESENT POSTOFFICE OF FATHER *Greer S.C.*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *24* (Years)
(12) BIRTHPLACE *Sharlaburg Co. S.C.*
(13) OCCUPATION *Farming*
(14) Number of children born to mother, including present birth *Two*

MOTHER.
(14) NAME BEFORE MARRIAGE *Delia McElrath*
(15) PRESENT POSTOFFICE OF MOTHER *Greer S.C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23* (Years)
(18) BIRTHPLACE *Sharlaburg Co. S.C.*
(19) OCCUPATION *House Work*
(21) Number of children of this mother now living, including present birth *Two*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was *Alive* at *5 o'clock* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) *D. L. Marchant*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Greer S.C.*

When name added from a supplemental report _____ 191_____
Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *28/9* 191*6* (28) *D. L. Marchant* 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.