

1 PLACE OF BIRTH
County of Charleston
Township of _____
or
Inc. Town of _____
or
City of Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 9A

FILE No.—For State Registrar Only

17827A

Registered No. 833A
(For use of Local Registrar)

(No. 210 President St. St.; _____ Ward)

2 FULL NAME OF CHILD. (If birth occurs in a hospital or other institution, give name of same instead of street and number) THOMAS ULYSSES DAVIS { If child is not yet named, make supplemental report as directed.

3 Sex or Girl Boy 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are parents married? YES 8. Date of birth June 10, 1922 19____ (Month, day, year)

9. Full name of FATHER Abraham Davis

18. Full maiden name of MOTHER Beatrice Soares

11. Residence (usual place of abode) 210 President St. (If non-resident, give place and State)

19. Residence (usual place of abode) 210 President St. (If non-resident, give place and State)

12. Color or race Col. 13. Age at last birthday 30 (Years)

20. Color or race Col. 21. Age at last birthday 19 (Years)

14. Birthplace (city or place) Smocks Cross Roads. (State or country)

22. Birthplace (city or place) Charleston, S.C. (State or country)

16. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Helper

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. At home.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Standard Oil Co.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 19____

25. Date (month and year) last engaged in this work _____ 19____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (time of this birth and including this child) 3 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, sex & weeks of gestation _____ 29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, 10 A.M. on the date above stated. (Born alive or stillborn)
(Signed) Filed by father. _____, M. D.
or Anna Nelson _____, Midwife
Address 310 Sumter St.
Filed Sept. 26, 1932 Leon Banov, M.D. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from _____
a supplemental report. _____ (Date of) _____

Registrar.

