

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of .....  
 or  
 City of Greenville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

26320

Registration District No. 2209.17 Registered No. 309

(For use of Local Registrar)

(No. 28 Allen St. 2nd Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>4 17 22</u> (Name Month Day Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Henry Louis Davis</u>			14) NAME BEFORE MARRIAGE <u>Mary E. Baker</u>	
9) PRESENT POSTOFFICE OF FATHER <u>28 Allen St</u>			15) PRESENT POSTOFFICE OF MOTHER <u>John</u>	
10) COLOR OR RACE <u>W</u>	11) AGE AT LAST BIRTHDAY <u>19</u> (Year)	16) COLOR OR RACE <u>W</u>		17) AGE AT LAST BIRTHDAY <u>19</u> (Year)
12) BIRTHPLACE <u>M.C.</u>		18) BIRTHPLACE <u>M.C.</u>		
13) OCCUPATION <u>Lytle of</u>		19) OCCUPATION <u>house</u>		
20) Number of children born to mother, including present birth <u>1</u>		21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M. on the date above stated.  
 (Born alive or stillborn: (Hour A. M. or P. M.))

(23) (Signature) John Baker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug 20 1922(28) St. J. M. Baker  
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.