

Form No. 1

## (1) PLACE OF BIRTH

County of Calleton  
 Township of Verdine  
 or  
 Inc. Town of Hallsville  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3533

Registration District No. 1409 Registered No. 21  
 (For use of Local Registrar)

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

(2) Full Name of Child Vera Mae Davis

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

(3) BOY OR GIRL girl (4) Type of Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 10th 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. A. Davis  
 (9) PRESENT POSTOFFICE OF FATHER Hallsville SC  
 COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21  
 BIRTHPLACE SC (Years)

## 13. OCCUPATION

Preacher

20. Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Hallie Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Hallsville SC  
 COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20  
 BIRTHPLACE SC (Years)

## 16. OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. J. J. Johnson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hallsville SC

(Given name added from a supplemental report)

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

(27) Filed Mar 9th 1923 Musthemen Pargell  
 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.