

(1) PLACE OF BIRTH

County of GreenwoodTownship of 1or
Inc. Town ofor
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

42827

Registration District No. 23.04 Registered No. 1.78
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Margareth Elizabeth Davis (Child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>9-28-1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Thos. Oliver Waring(9) PRESENT POSTOFFICE OF FATHER Greenwood S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46
(Years)(12) BIRTHPLACE Edgefield Co(13) OCCUPATION mill opr.(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Theresa E. Barnes(15) PRESENT POSTOFFICE OF MOTHER Greenwood S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40
(Years)(18) BIRTHPLACE Hodgers S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. R. M. Miller(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Greenwood

Given name added from a supplemental report

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

(27) Filed Jan 12 1923 (28) J. R. Brooks 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.

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