

PLACE OF BIRTH

of *Norfolk*

ship of

or *Prosperity*

or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49927

Registration District No. *3413* Registered No. *2*
(For use of Local Registrar)

(No. of *1* St.; *1* Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *Eleanor Christine Davis* If child is not yet named, make supplemental report as directed

OR (4) Twin or Triplet? (5) Number in order of birth *10* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb. 13*
Girl to be answered only in case of twins or triplets BIRTH (Name of Month) (Day) (Year)

FATHER. *Saner*
Christian F. Saner

PRESENT POSTOFFICE OF FATHER *Prosperity*

RACE *White* (11) AGE AT LAST BIRTHDAY *40*
(Years)

BIRTHPLACE *Lexington, Va. Co.*

OCCUPATION *Lumber Dealer*

Number of children born to father, including present birth *10*

MOTHER.
(14) NAME BEFORE MARRIAGE *Sallie Trich*

(15) PRESENT POSTOFFICE OF MOTHER *Prosperity*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *37*
(Years)

(18) BIRTHPLACE *Lexington Co.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *alive* at *10* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Jacob S. Miller M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Prosperity SC*

Name added from a supplemental report

9/1/1916

J. Miller

Registrar

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

(27) Filed *1916* (28) *C. T. Weyler* Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If he breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.