

(1) PLACE OF BIRTH

County of FairfieldTownship of H. 1or
Inc. Town ofor
City of Shelton

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17527

Registration District No. 1900Registered No. 37

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Eveline Davis

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 1, 1923

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Davis(9) PRESENT POSTOFFICE OF FATHER Blackstock, S. C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35

(Years)

(12) BIRTHPLACE Union County(13) OCCUPATION Labourer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Coleman(15) PRESENT POSTOFFICE OF MOTHER Blackstock(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34

(Years)

(18) BIRTHPLACE Fairfield, S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Born alive... at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Betsy Coleman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Shelton, S. C.

Given name added from a supplemental report

(26) Witness P. D. Jenkins (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 10, 1923 (28) Mrs. G. W. Fausette 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.