

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship ofor
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

1884

Registration District No. 2209Registered No. 93

(For use of Local Registrar)

(2) Full Name of Child Curry Edgar Davis — { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy(4) Twin or Triplet?(5) Number in order of birth(6) Are Parents Married? Yes(7) DATE OF BIRTH July 29 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Lee Davis(9) PRESENT POSTOFFICE OF FATHER 15-7th Johnson(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Walter Land Cotton Mill(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Lee Russell(15) PRESENT POSTOFFICE OF MOTHER # 9(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Home(22) 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 born at 430 9th St. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Wallace(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 1084 1/2 N. CoffeeGiven name added from a supplemental report(26) Witness

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

(27) Filed Mar 2 1906(28) a H. Mackay

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.

WITH PLACENT, WITH MEMBRANES, ETC.—THIS IS A BIRTH CERTIFICATE. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THE OTHERS, NO. 2, ETC., IN QUESTION 3.