

Form No. 1

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Providenceor  
Inc. Town of .....

City of .....

# **CERTIFICATE OF BIRTH** **STATE OF SOUTH CAROLINA** Bureau of Vital Statistics State Board of Health

Registration District No. 41.92 Registered No. 26  
(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 Nathaniel Davis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 28 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Nathaniel Davis(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Johnson(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 6:30 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Effie Johnson (24) State whether Physician or Midwife(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(26) Witness Mrs. A. B. Johnson  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed April 2nd 1923 (28) A. B. Johnson  
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.