

Form No. 1

## (1) PLACE OF BIRTH

County of EdgefieldTownship of Shaw

OF

Inc. Town of .....

OF

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28163

Registration District No. .... Registered No. 30

(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 Walter Edward Davidson

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 4</u> 19 <u>23</u> (Name Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Walter Davidson(9) PRESENT POSTOFFICE OF FATHER Trenton, N.J.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Edgewood, N.J.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE William Davidson(15) PRESENT POSTOFFICE OF MOTHER Trenton, N.J.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Edgewood, N.J.(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature) William Davidson(23) State whether Physician or Midwife (24) Address of Physician or Midwife Trenton, N.J.

Given name added from a supplemental report

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

(26) Filed Sept 4 1923 (27) W. H. Smith 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.