

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of *Spartanburg*

(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

Registration District No. *40-A* Registered No. *547*

(For use of Local Registrar)

(2) Full Name of Child *Ella Jane Davis* If child is not yet named, make supplemental report as directed(3) SEX OR *Girl* (4) Type or *Yes* (5) Number in order of birth *1st* (6) DATE OF BIRTH *Oct 11 '23* (7) (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <i>L. E. Davis</i>	(14) NAME BEFORE MARRIAGE <i>Pearl Yearout</i>	(10) PRESENT RESIDENCE OF FATHER <i>Spartanburg</i>	(16) PRESENT RESIDENCE OF MOTHER <i>Spartanburg</i>
(12) COLOR OR RACE <i>White</i>	(18) AGE AT LAST BIRTHDAY <i>27</i>	(10) COLOR OR RACE <i>White</i>	(16) AGE AT LAST BIRTHDAY <i>24</i>
(15) BIRTHPLACE <i>Tenn.</i>	(19) OCCUPATION <i>Newspaper Pressman</i>	(10) BIRTHPLACE <i>Tenn.</i>	(16) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>3</i>	(21) Number of children of this mother now living, including present birth <i>3</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4:20 a.m.* on the date above stated. (Born alive or stillborn) (M., F., or S. M.)(23) (Signature) *Lucile R. R. R.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Spartanburg S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Signed *12-13-23* *Jas. Copes* Local Registrar

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