

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

City of Spartanburg  
 County of Woodruff  
 Registration District No. 40-B Registered No. 52  
 (For use of Local Registrar)  
 (No. 52 St. 52 Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Full Name of Child Nellie Ruth Davis If child is not yet named, make supplemental report as directed

(1) SEX Girl (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH July 21 23  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (14) NAME BEFORE MARRIAGE Nellie Harrison  
 (15) PRESENT RESIDENCE OF FATHER Woodruff S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 41  
 (Years)

**MOTHER.**  
 (18) BIRTHPLACE Spartanburg Co.  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 7

(11) AGE AT LAST BIRTHDAY 42  
 (Years)

(12) BIRTHPLACE Greenville Co.  
 (21) OCCUPATION Traveling Salesman  
 (22) Number of children born to father, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 I hereby certify that I attended the birth of this child, who was Alive as (Mark alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.  
 (23) (Signature) O. M. Cord  
 (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Woodruff S.C.  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Date Aug 10 23 (28) Charles L. Lyster 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.

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