

WHEN FATHER, MOTHER OR CHILD IS A PERMANENT RESIDENT OF THIS STATE, THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or Inc. Town of

City of Rock Hill

(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

No. for State Registrar only
43017

Registration District No. 4009A

Registered No.
(For use of Local Registrar)

St. Ward)

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

(2) Full Name of Child

(3) SEX Male (4) Type of Birth Normal (5) Status at Birth Living (6) Date of Birth Dec 4 1920
To be answered only in case of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME <u>Robert Davis</u>	(14) NAME OF MOTHER <u>Emma Davis</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>34</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>36</u>
(12) BIRTHPLACE <u>Haywood Co NC</u>	(18) BIRTHPLACE <u>Waynes NC</u>	(13) OCCUPATION <u>Mill work</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated. (Born alive Yes) (Born N, M. or P. 27)
(23) (Signature) J. J. Lindsay
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed (28)
Registrar 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.