

Form No 1.

## (1) PLACE OF BIRTH

County of Greenwood

Township of .....

or  
Inc. Town of Greenwood  
or

City of .....

(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

File No.—For State Registrar Only

12108  
137Registration District No. 73a Registered No. ....

(For use of Local Registrar)

No. Baptist St. 2 Ward (2) Full Name of Child Giles Eliza Davis { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>Is recorded only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 25</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	--	---------------------------------------	-------------------------------------	--

## FATHER.

(8) FULL NAME Johnnie Davis(9) PRESENT POSTOFFICE OF FATHER Greenwood(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21  
(Years)(12) BIRTHPLACE Greenwood co(13) OCCUPATION Deliver Groceries(14) Number of children born to mother, including present birth { 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Kreuler(15) PRESENT POSTOFFICE OF MOTHER Greenwood(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE Abbeville co(19) OCCUPATION Domestic Duties(20) Number of children of this mother now living, including present birth { 1 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 2:10 P.M.  
on the date above stated. (Born alive or stillborn) (Color) (M. or F. M.)(23) (Signature) Hallie Ballard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

.....  
Registrar(26) Witness J. H. Karolay(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 6 1911 (28) M. A. Williams

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THEN OTHER, No. 2, etc., in question 8.

McCaw, of Columbia.