

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only
26341

Registration District No. 2209 A Registered No. 295
(For use of Local Registrar)
(No. Gilreath St. Park Place)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Irene Davidson If child is not yet named, make supplemental report as directed

3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH June 19 1922
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME George Davidson
9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)
12) BIRTHPLACE S.C.
13) OCCUPATION Painter
20) Number of children born to mother, including present birth 10

MOTHER.
14) NAME BEFORE MARRIAGE Eva Campbell
15) PRESENT POSTOFFICE OF MOTHER Greenville
16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)
18) BIRTHPLACE S.C.
19) OCCUPATION Domestic
21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. J. Walker (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Greenville

Given name added from a supplemental report
.....
..... 19 ..
Registrar

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

(27) Filed Aug 17 1922 (28) A. H. Macklin 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.

before the fifth month of pregnancy