

Form No. 1

(1) PLACE OF BIRTH  
County of Fairfield  
Township of 7  
or  
Inc. Town of .....  
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  
**64227**

Registration District No. 1907 Registered No. 40  
(For use of Local Registrar)  
St.: ..... Ward)  
(No. .... St.: ..... Ward)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH July 8 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Lewis Coffey  
(9) PRESENT POSTOFFICE OF FATHER Ridgeway, S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)  
(12) BIRTHPLACE Charlotte N.C.  
(13) OCCUPATION .....  
(20) Number of children born to mother, including present birth { 1 .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Carrie Pagau  
(15) PRESENT POSTOFFICE OF MOTHER Ridgeway, S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Fairfield Co.  
(19) OCCUPATION land clearing  
(21) 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 alive, at ..... 4 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Jordan  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Ridgeway, S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 22 1916. (28) J. C. Bradford 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.

WRITING MATERIAL WITH WRAPPING 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, THE OTHER, No. 2, etc., in question 5.  
M.C.W. of Columbia