

(1) PLACE OF BIRTH

County of EdgefieldTownship of Shawor
Inc. Town ofor
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

72553

Registration District No. 1810 Registered No. 29

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>4</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>June 13, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>Rob Gwin</u>	(14) NAME BEFORE MARRIAGE <u>Josie Coats</u>
(9) PRESENT POSTOFFICE OF FATHER <u>"</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Trenton SC</u>
(10) COLOR OR RACE <u>"</u>	(16) COLOR OR RACE <u>Negro</u>
(11) AGE AT LAST BIRTHDAY <u>"</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>"</u>	(18) BIRTHPLACE <u>Edgefield Co</u>
(13) OCCUPATION <u>"</u>	(19) OCCUPATION <u>Farm Hand</u>
(20) Number of children born to mother, including present birth { <u>4</u> }	(21) Number of children of this mother now living, including present birth { <u>3</u> }

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bella Clanton

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

Midwife Trenton S.C.

Given name added from a supplemental report

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Registrar

(26) Witness Wm Moss
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 19, 1916 (28) J.R. Moss
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 make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.