CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 2998

(1) PLACE OF BIRTH
County of Anderson
Township of Belton
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.)

Registration District No. 300 Registered No. 20 (For use of Local Registrar)

(No. ..... St. ..... Ward)

(2) Full Name of Child Ruby Frances McCoy (If child is not yet named, make supplemental report as directed)

(3) ~~Son or~~ Girl | (4) Twin or Triplet | (5) Number in order of birth — To be answered only in event of Twins or Triplets | (6) Are Parents Married? yes | (7) DATE OF BIRTH (Name of Month) Feb (Day) 17 (Year) 22

FATHER

(8) FULL NAME Clarence J. McCoy
(9) PRESENT POSTOFFICE OF FATHER Belton S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Belton S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Iona McPee
(15) PRESENT POSTOFFICE OF MOTHER Belton S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Belton S.C.
(19) OCCUPATION H.W.
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. C. Bowen M.D.
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Belton S.C.

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

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)
Mar 6 19 22 (28) Mrs J. Earle
(27) Filed ..... 19..... 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.

N. B.—In case of typing the typewriter ribbon must be used. Do not use carbon paper in typewriting this instrument. Use a fountain pen or a pen and ink only. Do not write on the back of this form. Do not fold. Do not use pencil. Do not write in margin. Do not write outside the blank space for each item, and make the entry within the space provided.
PERRY-BORDEN, No. 1, THIRD OFFICIAL, No. 2, etc., in question 6.
SEND RECEIPTED COUPONS, B. C.