

Form No. 1

(1) PLACE OF BIRTH

County of Saluda

Township of

OF

Inc. Town of

OF

City of

CERTIFICATE OF BIRTH

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

No. 33770 For State Registrar Only

Registration District No. 3903 Registered No. 64
(For use of Local Registrar)

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

(2) Full Name of Child Charles Lee Coats

3. BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth 1 (6) Age Parents Married yes (7) DATE OF BIRTH July 3, 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Ben Coats

9. PRESENT POSTOFFICE OF FATHER Chapelton SC

(10) COLOR ed (11) AGE AT LAST BIRTHDAY 33
(Year)

12. BIRTHPLACE Chapelton SC

13. OCCUPATION Farming

20. Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Lee Coats

(15) PRESENT POSTOFFICE OF MOTHER Chapelton SC

(16) COLOR Wh (17) AGE AT LAST BIRTHDAY 24
(Year)

(18) BIRTHPLACE Chapelton SC

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDANCE BY PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was July 3, 1923, at 4 A.M.
on the date above stated. (Born alive or dead) (Hour A. M. or P. M.)

(23) (Signature) Maria Johnson

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

Given name added from a supplemental report

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

(27) Filed Nov 9, 1923 (28) Maria Hunt
Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.