

## (1) PLACE OF BIRTH

County of SumterTownship of Sumter

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66466

Registration District No. 4008Registered No. 68

(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child Mary Anna M. Coe If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl(4) Twin or Triplet? No

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Sam Maroon M. Coe

(9) PRESENT POSTOFFICE OF FATHER

Osweego SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

34

(12) BIRTHPLACE

Sumter Co SC

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

Four

(14) NAME BEFORE MARRIAGE

## MOTHER.

Jamie Serena Brown

(15) PRESENT POSTOFFICE OF MOTHER

Osweego SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

34

(18) BIRTHPLACE

Osweego SC

(19) OCCUPATION

House wife

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 AM M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Walter C. Cheape M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianSumter SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 3 1916

(28)

Carl B. H. 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.

fifth month of pregnancy.

SECTION 1. IN CASE OF TWINS OR TRIPLETS, THE FATHER IS A FARMER, A HOUSEHOLD, ETC., AND MAKE THE RETURN IN THE MANNER PROVIDED FOR EACH CHILD, AND MAKE THE RETURN IN THE MANNER PROVIDED FOR EACH CHILD, AND MAKE THE RETURN IN THE MANNER PROVIDED FOR EACH CHILD.