

(1) PLACE OF BIRTH

County of Myrtle
Township of Myrtleburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32369

Incl. Town of Registration District No. 400-8 Registered No. 926
(For use of Local Registrar)
City of (No. 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 { 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? Y (7) DATE OF BIRTH 9-9-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Claude Coyle(9) PRESENT POSTOFFICE OF FATHER Campana S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Hearn(15) PRESENT POSTOFFICE OF MOTHER Campana S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION D

(20) 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 born at Campana S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Campana 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 Sept. 18, 1922 (28) Mrs. E. F. Parker 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.