(1) PLACE OF BIRTH

County of Kershaw

Township of Watteree

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
1687

Registration District No. 27-9-4. Registered No. .....
(For use of Local Registrar)

(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 Baby

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
boy			yes	Jan 13 1922

	FATHER.	MOTHER.
(8) FULL NAME	R. Morrow Coley	(14) NAME BEFORE MARRIAGE Lucile R. Morgan
(9) PRESENT POSTOFFICE OF FATHER	Blaney S.C.	(15) PRESENT POSTOFFICE OF MOTHER Blaney S.C.
(10) COLOR OR RACE	White	(16) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years) 23
(12) BIRTHPLACE	S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION	Farming	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth	1 3	(21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W.D. Grist Boyman M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Blaney S.C.

Gives name added from a supplemental report .....

..... 19 .....
Registrar

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

(27) Filed Jan 30 1922 (28) Thos. D. Summerlin
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.