

Form No. 10. MARGIN RESERVATION. WITH UNFADING INK—THIS IS A PERMANENT RECORD. WRITE PLAINLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS OFFICE, No. 2, etc., in question 5. City of Columbia. McCraw, N. E.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Franklin
 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.)

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

File No.—For State Registrar Only
41507

Registration District No. 2205 Registered No. 15-
 (For use of Local Registrar)

2) Full Name of Child James Crehan Coker { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 12, 1916
 to be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Alonzo Coker
 (9) PRESENT POSTOFFICE OF FATHER Loney Creek, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Anderson Co. - So. Cal
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Jamie Taylor
 (15) PRESENT POSTOFFICE OF MOTHER Loney Creek, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Franklin Township, Mill Co., S.C.
 (19) OCCUPATION Farm laborer
 (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 at 5:15 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. P. Knight, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Rt # 5 - Homea Park, 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 Feb 14, 1916 (28) C. D. Smith 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.

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