

Form No. 1.

(1) PLACE OF BIRTH

County of Georgetown STATE OF SOUTH CAROLINA.
Township of Fripp Bureau of Vital Statistics
or Waccasee State Board of Health
Inc. Town of Registration District No. 2104

File No.—For State Registrar Only
64422

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registered No. 77
(For use of Local Registrar)

(2) Full Name of Child Edna McCoy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 6 (6) Are yes Parents Married? (7) DATE OF BIRTH June, 14, 1918
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam McCoy

(9) PRESENT POSTOFFICE OF FATHER Murrells Inlet

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32
(Years)

(12) BIRTHPLACE Springfield S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lulu Davis

(15) PRESENT POSTOFFICE OF MOTHER Murrells Inlet

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Laurel Hill S.C.

(19) OCCUPATION House Keeping

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at at 12 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Hank's Law, Brook Green
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed June 1918 (28) McW. Brown 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw of Columbia