

Form No. 1.

(1) PLACE OF BIRTH

County of Georgetown STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Fripp Waccussee State Board of Health

File No.—For State Registrar Only
64422

Inc. Town of Registration District No. 2106 Registered No. 77
(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 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 Parents Married? yes (7) DATE OF BIRTH June 14 1918
(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 live at 7 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Hankins Carr (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Beaufort, S.C.

Given name added from a supplemental report

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

(27) Filed June 15 1918 (28) McCoy 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.