

## (1) PLACE OF BIRTH

County of SpartanburgTownship of "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.)

## (2) Full Name of Child

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5665

Registration District No. 40-a Registered No. 56  
(For use of Local Registrar)(No. Spartanburg Hwy, St.; Boiter Ward)

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Jan 12 1931  
(Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME H. Grace Boiter(14) NAME BEFORE MARRIAGE Ella Cox(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Year)(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Moore, S.C.(18) BIRTHPLACE Moore, S.C.(13) OCCUPATION St. Car. Mechanic(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1(21) 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 Alive at 1 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
H. J. Coates, M.D.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Spartanburg, 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 3-1-31 (28) Jas. Coates 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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