

Form No. 1.

(1) PLACE OF BIRTH  
County of Florence

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

File No.—For State Registrar Only  
**46160**

Township of 1

or  
Inc. Town of Florence

Registration District No. 20-A

Registered No. 29  
(For use of Local Registrar)

or  
City of Florence

(No. 10 N. W. Foreman Ward 1)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Jane Coston

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 5

(6) Are Parents Married? yy

(7) DATE OF BIRTH 1 31 16

to be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Wm B Coston

(9) PRESENT POSTOFFICE OF FATHER Florence

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 53  
(Years)

(12) BIRTHPLACE Wilmington N.C.

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Alma Cole

(15) PRESENT POSTOFFICE OF MOTHER 10 N W Foreman

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 34  
(Years)

(18) BIRTHPLACE Abbeville SC

(19) OCCUPATION Dom

(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M D Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M D Florence

Given name added from a supplemental report

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

(27) Filed Feb 1 1916 (28) C. L. Grant Local Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY. WITH 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.

\*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.