

Form No. 1.

(1) PLACE OF BIRTH

County of Florence

Township of 1

or Inc. Town of Florence

City of Florence

(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

46160

Registration District No. 20-A

Registered No. 1

(For use of Local Registrar)

(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?

to be answered only in event of Twins or Triplets

(5) Number in order of birth 5

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(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

(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 101 N McFarland

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY

(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 on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. S.

Florence

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 Feb 1 1916

(28) C. L. Grant Local Registrar

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.

*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.