

Form No. 1

## (1) PLACE OF BIRTH

County of Holmes  
 Township of Mott  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**18647**

Registration District No. 2012 Registered No. 40  
 (For use of Local Registrar)

(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

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 5 (6) Are Parents Married? Y (7) DATE OF BIRTH Mar 11 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Wm. R. Coker

(14) NAME BEFORE MARRIAGE Ethel Driggs

(9) PRESENT POSTOFFICE OF FATHER Lake City, SC

(15) PRESENT POSTOFFICE OF MOTHER Lake City, SC

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 29  
 (Years)

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 23  
 (Years)

(12) BIRTHPLACE Charleston, SC

(18) BIRTHPLACE Charleston, SC

(13) OCCUPATION Harmon

(19) OCCUPATION Harmon

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

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 A.M. or P.M., on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lake City, SC

Given name added from a supplemental report

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

(37) Filed Mar 11 1922 (28) A. E. Keller 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.

MADE IN COLUMBIA, S. C. 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.