

2/12/24

(1) PLACE OF BIRTH
 County of Lawrence
 Township of Cross Hill
 or
 Inc. Town of.....
 or
 City of.....

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

No. 41290
 Registered No. 5
 (For use of Local Registrar)

Registration District No. 2961 (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 James Hally Coffey (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 22, 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Hally Coffey
 (9) PRESENT POSTOFFICE OF FATHER Cross Hill
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45
 (Year)
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth Seven

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Hickey
 (15) PRESENT POSTOFFICE OF MOTHER Cross Hill
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
 (Year)
 (18) BIRTHPLACE N.C.
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 4:40 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) C. B. Meers
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cross Hill

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Dec 27, 1923 (28) Mrs S. A. Lawrence Local Registrar

When there is 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 sixth month of pregnancy.

FOR RECORDING.
 WRITE PLAINLY. WITH EXPANDING INK.—THIS IS A PERMANENT RECORD.
 IN B-2b use of TRIPLET or TRIPLETs use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.