CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
10259

(1) PLACE OF BIRTH

County of Charleston

Township of .....
or
Inc. Town of .....
or
City of Charleston S.C.

Registration District No. 9A

Registered No. 543
(For use of Local Registrar)

(No. 62 Cooper 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 Theodore McCoy

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH April 9, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME William McCoy

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Goose Creek S.C.

(13) OCCUPATION Laborer

(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Dunmyer

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Rantoels S.C.

(19) OCCUPATION House Work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Susan Anderson

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife 13 Drews Alley

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 4/10 1922 (28) J. Mercer Green M.D.
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.