

(1) PLACE OF BIRTH

County of HershawTownship of ArkallIn Town of CamdenCity of Camden

(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

743

Registration District No. 117Registered No. 13

(For use of Local Registrar)

(No. Lee Ave. St. Ward)

(2) Full Name of Child

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

(1) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 8, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Lawrence Coker(9) PRESENT POSTOFFICE OF FATHER Camden, S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Camden(13) OCCUPATION Porter(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Ezzie Boykin(15) PRESENT POSTOFFICE OF MOTHER Camden(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Camden(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. C. Coker (23) Address of Physician or Midwife Camden(24) State where Physician or Midwife South Carolina

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Feb. 19, 1923 (27) Local Registrar

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.

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