

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township of

or
Inc. Town of Bennettsvilleor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie McCoyFile No.—For State Registrar Only
46815

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 33-A Registered No. 7

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 16th 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	----------------------	---	-------------------------------------	---

FATHER.

(8) FULL NAME Percy McCoy(9) PRESENT POSTOFFICE OF FATHER Bennettsville SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Bennettsville SC(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie McKeunon(15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Bennettsville SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 a.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ollie Townsend

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Bennettsville SC

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 17th 1916 (28) W W Pate 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.

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaig, of Columbia

MAILED REGISTERED FOR BIRTH

DATE PLACED WITH RECORD JUL 20 1916