

THIS IS A PERMANENT RECORD. IN THE 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.

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of .....  
 OR  
 Inc. Town of .....  
 OR  
 City of Anderson (No. 59...16... St. .... Ward)  
 (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

No. — For State Registrar Only  
40724

Registration District No. 3A Registered No. 461  
 (For use of Local Registrar)

(2) Full Name of Child Hellie Grace Coy 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 24, 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Ben Coy  
 (9) PRESENT POSTOFFICE OF FATHER Anderson  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE Deone Co  
 (13) OCCUPATION mill op  
 (20) Number of children born to mother, including present birth 16

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Hellie Witt  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE Deone Co  
 (19) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth 14

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was ..... at 2:25 M.  
 on the date above stated. (Born alive or stillborn) (Hour and day of P. M.)

(23) (Signature) A. S. Matthews M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

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

(27) Filed ..... 19 ..... (28) ANDERSON, S.C. 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.