

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
 IN 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 Orangeburg
 Township of Orange
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
5321

Registration District No. 3613

Registered No. 6
 (For use of Local Registrar)

(2) Full Name of Child

Unnamed

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

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 Jan 5 1933
 (Name of Month) (Day) (Year)

(8) FULL NAME

Coy Truck

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 36
 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Wheelwright

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

6

(14) NAME BEFORE MARRIAGE

Carrie Harmon

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 31
 (Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was nt. 11:50 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. L. Luper

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Mar 12 1933 (28) A. L. Lancy 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.

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