

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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

45945

Registered No. 1410  
(For use of Local Registrar)(2) Full Name of Child Eva Koger { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 23, 1916</u> (Name of Month) (Day) (Year)
------------------------------	--------------------------------	---------------------------------------	-------------------------------------	--

## FATHER.

(8) FULL NAME Jasper Koger(9) PRESENT POSTOFFICE OF FATHER Smock & S(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Smock & S(13) OCCUPATION Reinforcing(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Doris Masley(15) PRESENT POSTOFFICE OF MOTHER Smock & S(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Smock & S(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Doris Masley(24) State whether Physician or Midwife (25) Address of Physician or Midwife Smock & S

Given name added from a supplemental report

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

(27) Filed Jan 26, 1916 (28) Louis C. Bagley 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.