

IN 2-3-25 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 1.

(1) PLACE OF BIRTH

County of Union
 Township of Pinebluff
 or
 Inc. Town of Lockhart
 or
 City of Lockhart

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26523

Registration District No. 42A2 Registered No. 34

(For use of Local Registrar)

(2) Full Name of Child James Howard Coon

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 23, 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. Coon</u>			(14) NAME BEFORE MARRIAGE <u>Emily Petrus</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lockhart S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lockhart S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Gaffney S.C.</u>	(13) OCCUPATION <u>Collar Mill Restoration</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(18) Number of children born to mother, including present birth <u>5</u>			(19) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was White at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(21) (Signature) Dr. J. C. Brantley

(22) State whether Physician or Midwife Physician

(23) Address of Physician or Midwife Lockhart S.C.

Given name added from a supplemental report

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

(25) Filed Sept. 7, 1923 (26) D. F. Hallman 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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