Form No. 1

(1) PLACE OF BIRTH

County of Charleston

Township of Johns Island

or

Inc. Town of .....

or

City of ..... (No. ..... 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

File No.—For State Registrar Only

602

Registration District No. 91.02 Registered No. .....

(For use of Local Registrar)

(2) Full Name of Child Eva Coddeen

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

(3) SEX OF CHILD	(4) TWIN or TRIPLET	(5) Number in order of birth	(6) SINGLE, TWIN or TRIPLET	(7) DATE OF BIRTH
girl		One	Single	January 22 1923

To be answered only in case of Twins or Triplets

(Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME David Coddeen	(14) NAME BEFORE MARRIAGE Mary Golden
(9) PRESENT POSTOFFICE OF FATHER 4	(15) PRESENT POSTOFFICE OF MOTHER Ravenel SC
(10) COLOR OR RACE 4 (11) AGE AT LAST BIRTHDAY 4 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE 4	(18) BIRTHPLACE New Ravenel SC
(13) OCCUPATION 4	(19) OCCUPATION Worker in Johnson Charleston
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born ..... 8 o'cl P M., on the date above stated.

(Hour of Birth of Children) (Hour A. M. or P. M.)

(23) (Signature) Virginia L. Wilson

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

Given name added from a supplemental report

..... 19....

Registrar

(26) Witness W H Lunde

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

(27) Filed January 25 1923 (28) B H Lunde

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.

If a child breathes even once, it must not be reported as stillborn. No report is desired of cases of miscarriage before the fifth month of pregnancy.