

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Providence

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

31717

Registration District No. 3614Registered No. 116
(For use of Local Registrar)

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

(2) Full Name of Child Ray Cokeland

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept. 16, 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME William Cokeland(9) PRESENT POSTOFFICE OF FATHER Warren, S.C.(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Orangeburg County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Maria J. Green(15) PRESENT POSTOFFICE OF MOTHER Warren, S.C.(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 48
(Years)(18) BIRTHPLACE Orangeburg County(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miss Ruckberg(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Warren, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 22, 1922 (28) D. H. Dantley
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.

MARCH 1922—FOR BIRTH RECORDING. WHEN ISSUING CERTIFICATE IN A HOSPITAL OR OTHER INSTITUTION, GIVE NAME OF INSTITUTION IN PLACE OF COUNTY AND TOWNSHIP. IN CASE OF STILLBORN CHILD, MARK AS SUCH. IN CASE OF TWINS OR TRIPLETS, GIVE SEPARATE CERTIFICATES FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5. REG. OF COLUMBIA, COLUMBIA, S. C.