

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
 Township of
 or
 Inc. Town of
 or
 City of Wilmington S.C.
 (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

4269

Registration District No. 32A Registered No. 58

(For use of Local Registrar)

(No. 105 Wilmington St.; Ward)

(2) Full Name of Child

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

3 SEX OF CHILD GIRL 4 Twin or Triplet? No To be answered only in case of Twins or Triplets 5 Number in order of birth 1 6 Are Parents Married Yes 7 DATE OF BIRTH Feb. 5 11 32 (Name of Month) (Day) (Year)

FATHER
 8 FULL NAME Dr. H. M. Coker

9 PRESENT POSTOFFICE OF FATHER Greenwood

10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 32 (Years)

12 BIRTHPLACE Lincoln Co. N.C.

13 OCCUPATION Engineer

20 Number of children born to mother, including present birth 5

MOTHER
 14 NAME BEFORE MARRIAGE Buna F. Bismer

15 PRESENT POSTOFFICE OF MOTHER Greenwood

16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 27 (Years)

18 BIRTHPLACE Lincoln Co. N.C.

19 OCCUPATION Housewife

21 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

23 (Signature) Charles Hales

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 22 is signed by mark)

27 Filed Feb. 11 19 32 28 C. E. Smith 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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MISSISSIPPI