

## (1) PLACE OF BIRTH

County of ColletonTownship of Brooklynor  
Inc. Town of .....

City of .....

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

(2) Full Name of Child Lucy Conny Coker

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

(3) SEX Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Aug 9 23  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Butler Coker(9) PRESENT POSTOFFICE OF FATHER Ashboro S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2MOTHER  
(14) NAME BEFORE MARRIAGE Dorothia Coker(15) PRESENT POSTOFFICE OF MOTHER Ashboro S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 9 A.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(22) (Signature) Lucy Coker  
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Ashboro S.C.

Given name added from a supplemental report

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

(26) Filed Aug 25 23 W. L. W. L. W. L. 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.