

## (1) PLACE OF BIRTH

County of SumterTownship of Sumteror  
Inc. Town ofor  
City of

(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

53936

Registration District No. 4608 Registered No. 2.1

(For use of Local Registrar)

(2) Full Name of Child Azelina McCoy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 6</u> (Name of Month) (Day) (Year)
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To be answered only in case of Twins or Triplets

## FATHER.

(8) FULL NAME Dave McCoy(9) PRESENT POSTOFFICE OF FATHER Sumter(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 20  
(Years)(12) BIRTHPLACE Sumter County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Brunson(15) PRESENT POSTOFFICE OF MOTHER Sumter(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE Sumter County

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 5 A.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. M. H. H. H.

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

Midwife Sumter, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 28 is signed by mark)

(27) Filed Mar. 6 1912 (28) Chas. B. H. H.  
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 3.  
McCaw, of Columbia.

MAIN IN RECEIVED FOR BINDING.