

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Mayerville  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—for State Registrar Only

5330

Registration District No. 4102 Registered No. ....  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward ....)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Will W. Cole Jr If child is not yet named, make supplemental report as directed

(1) SEX Boy (4) Type of Triplet ..... (5) Number in order of birth ..... (6) Age yes (7) DATE OF BIRTH Feb 15 1923  
 (Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME <u>Will W. Cole</u>	(14) NAME BEFORE MARRIAGE <u>Lina Moore</u>		(10) PRESENT POSTOFFICE OF FATHER <u>Mayerville SC</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Mayerville SC</u>	
(12) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Year)		(18) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)	
(13) BIRTHPLACE <u>SC</u>			(19) BIRTHPLACE <u>SC</u>		
(15) OCCUPATION <u>Farmer</u>			(20) OCCUPATION <u>Housewife</u>		
(21) Number of children born to mother, including present birth <u>3</u>			(22) Number of children of this mother now living, including present birth <u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was ..... on the date above stated. (Born alive or stillborn) (Date of Birth P. M.)

(24) (Signature) Eyma Marshall (25) Address of Physician or Midwife Mayerville SC

Given name added from a supplemental report

LDR rem  
 affd 7/3/23  
 Registrar

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

(27) FILE July 20 1923 (28) EDG 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 stillborns before the fifth month of pregnancy.

MAKING SURE YOU USE THE CORRECT FORM FOR THE STATE OF SOUTH CAROLINA. IF YOU ARE NOT SURE, WRITE PLAINLY. WRITE CRISP AND LEGIBLY. WRITE IN A PERMANENT INK. WRITE IN THE CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND USE A FIRST-BORN, No. 1, TWIN OTHER, No. 2, etc., IN QUESTION 1.