

1) PLACE OF BIRTH
County of Lawrence
Township of Lee

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

File No.—For State Registrar Only
52178

Inc. Town of Registration District No. 2008 Registered No. 9
(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 George Herbert Coker 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 March 13 1916
(Name of Month) (Day) (Year)

FATHER.
1) FULL NAME Wah A Coker
2) PRESENT POST-OFFICE OF FATHER Saranton S.C.
3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)
4) BIRTHPLACE Williamsburg Co., Williamsburg Co.
5) OCCUPATION Farmer
6) Number of children born to mother, including present birth 6

MOTHER.
1) NAME BEFORE MARRIAGE Lula Humphrey
2) PRESENT POST-OFFICE OF MOTHER Saranton S.C.
3) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
4) BIRTHPLACE Williamsburg Co., Williamsburg Co.
5) OCCUPATION Housewife
6) 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 Alive at A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hastine Mathews

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

Midwife Coward S.C.

Given name added from a supplemental report
..... 191.....
Registrar

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

(27) Filed 3/18 1916 (28) W. L. Carter 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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