

(1) PLACE OF BIRTH  
 County of Lenoir  
 Town-ship 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  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

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

**MOTHER.**  
 9) NAME BEFORE MARRIAGE Lula Humphrey  
 10) PRESENT POSITION OFFICE OF MOTHER Saranton S.C.  
 11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 39 (Years)  
 13) BIRTHPLACE Williamsburg Co., Williamsburg Co.  
 14) OCCUPATION Housewife  
 15) 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 ..... at ..... A. M. or P. M. on the date above stated.  
(Born alive or stillborn)

(23) (Signature) Hastine Mathews  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Coward St.

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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