

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

Registration District No. 40-a

File No. - For State Registrar Only

19076

Registered No. 257
(For use of Local Registrar)

(2) Full Name of Child Anne Louise Coker

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

3 BOY OR GIRL Girl

4 Twin or Triplet
To be answered only in case of Twin or Triplet

5 Number in order of birth

6 Age Person Married 20

7 DATE OF BIRTH May 1 1907
(Month) (Day) (Year)

FATHER

8 FULL NAME Louis White

9 PRESENT POSTOFFICE OF FATHER Spartanburg SC

10 COLOR OR RACE

11 AGE AT LAST BIRTHDAY 35

(Year)

12 BIRTHPLACE Anderson

13 OCCUPATION Laborer

MOTHER

14 NAME BEFORE MARRIAGE Sarah Ann Coker

15 PRESENT POSTOFFICE OF MOTHER Spartanburg SC

16 COLOR OR RACE

17 AGE AT LAST BIRTHDAY 27

(Year)

18 BIRTHPLACE Spartanburg SC

19 OCCUPATION Housewife

20 Number of children born to mother, including present birth 1

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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. V. Coker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7-1-23

(28) 1907

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

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