

(1) PLACE OF BIRTH

County of Spartanburg
 Township of B. S.
 or
 Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9130

Registration District No. 4000ARegistered No. 36
(For use of Local Registrar)

(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

Carson Coan

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

Feb 28 1922

(Name of Month) (Day) (Year)

(8) FULL NAME

Columbus Coan

(9) PRESENT POSTOFFICE OF FATHER

Durham SC

(10) COLOR OR RACE

White

(11) BIRTHPLACE

NC

(12) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

8

(14) NAME BEFORE MARRIAGE

Hattie Drummond

(15) PRESENT POSTOFFICE OF MOTHER

Durham

(16) COLOR OR RACE

Col

(17) BIRTHPLACE

NC

(18) OCCUPATION

Housewife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) _____

(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 23 is signed by mark)

19

Registrar

(27) Filed _____

19

(28)

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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