

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of Thurs. mt.

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

File No.—For State Registrar Only

15065

Registration District No. 4407

Registered No. 121
(For use of Local Registrar)

(2) Full Name of Child

Margaret Steele Coe

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? No

(7) DATE OF BIRTH Dec. 21, 1905
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME D. K.

(9) PRESENT POSTOFFICE OF FATHER D.K.

(10) COLOR OR RACE D.K.

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE D.K.

(13) OCCUPATION D.K.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Stella Adams

(15) PRESENT POSTOFFICE OF MOTHER Chow S.P.

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE York Co

(19) OCCUPATION Wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Rockwell Ruffin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chow S.P.

Given name added from a supplemental report

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

(27) Filed Dec 22 1905 (28) J. B. Brin 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFAADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCauley, of Columbia.