

(1) PLACE OF BIRTH

County of LeeTownship of Stokely Bridgeor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3008File No. — For State Registrar Only
39225Registered No. 80
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Bennie McCoy

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 event of Twins or Triplets

(5) Number in order of birth

8

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Nov. 12, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John McCoy

(9) PRESENT POSTOFFICE OF FATHER

Hartsville R. 2

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

38
(Years)

(12) BIRTHPLACE

Sumter Co.

(13) OCCUPATION

farmer

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

9

MOTHER.

(14) NAME BEFORE MARRIAGE

Ella McCoy

(15) PRESENT POSTOFFICE OF MOTHER

Hartsville R. 2

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

37
(Years)

(18) BIRTHPLACE

Sumter Co.

(19) OCCUPATION

housewife

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Lee M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Beaton X

(24) State whether Physician or Midwife

Midwife(25) Address of Physician or Midwife
Beaufort R. 2, D.

Given name added from a supplemental report

(26) Witness

Mrs. W. M. Beaton
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Dec 10 1922

(28)

R. M. Smith

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.