

Form No. 1

## (1) PLACE OF BIRTH

County of Richland

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

File No. — For State Registrar Only

22437

Registration District No. 3825Registered No. 213

(For use of Local Registrar)

(No. P.F. 2 St. 1 Ward)(2) Full Name of Child Heard McCoy

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

3. BOY OR GIRL Boy 4. Twin or Triplet No 5. Number in order of birth 7 6. Are Parents Married? Yes 7. DATE OF BIRTH July 1, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME John A. McCoy  
 9. PRESENT POSTOFFICE OF FATHER Ev. Over S.C.  
 10. COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY 3 (Years)  
 12. BIRTHPLACE 39  
 13. OCCUPATION F. m.  
 20. Number of children born to mother, including present birth 11

## MOTHER.

14. NAME BEFORE MARRIAGE Lizzie Green  
 15. PRESENT POSTOFFICE OF MOTHER Town S.C.  
 16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 28 (Years)  
 18. BIRTHPLACE 25  
 19. OCCUPATION Farming  
 21. Number of children of this mother now living, including present birth 17

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

alice nixon R.F. 2, 2nd St. S.C.

Given name added from a supplemental report

alice nixon210. 1. 25. 1923  
Registrar(26) Witness mother husband

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

(27) Filed 7/11/23 (28) D. H. Tucker  
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.