

(1) PLACE OF BIRTH

County of *Lexington*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics

File No.—For State Registrar Only

(1) PLACE OF BIRTH

County of *Lexington*Township of *Northwestern*OF
Inc. Town ofOF
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7714

Registration District No *3128* Registered No. *8*
(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 *Ferry McCoy*

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) Age of Parents Married *yes* (7) DATE OF BIRTH *Jan. 14, 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Will McCoy*(9) PRESENT POSTOFFICE OF FATHER *Hilbert S.C.*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *34*
(Year)(12) BIRTHPLACE *Ga.*(13) OCCUPATION *Saw mill hand*(14) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary D. Rice*(15) PRESENT POSTOFFICE OF MOTHER *Hilbert S.C.*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *26*
(Year)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *.....* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Bettie Donnell*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Lexington S.C.

(Given name added from a supplemental report)

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

(27) Filed *Apr 10, 1923* (28) *J. H. Shuck* Local RegistrarWhen 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.

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.

Bureau of Census, Columbia, S. C.