

(1) PLACE OF BIRTH
County of York
Township of Shirley
or
Inc. Town of
City of
Registration District No. 1201 Registered No. 22
(For use of Local Registrar)
St.: Ward)
If birth occurs in a hospital or other institution give name of same instead of street and number.)

File No.—For State Registrar Only
51697

(2) Full Name of Child Fannie McCoy

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be completed only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 21 1916</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>John McCoy</u>		(14) NAME BEFORE MARRIAGE <u>Martha McCoy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Shirley S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Shirley S.C.</u>		
(10) COLOR OR RACE <u>Black</u>		(16) COLOR OR RACE <u>Black</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(11) BIRTHPLACE <u>Laurinburg N.C.</u>		(18) BIRTHPLACE <u>Kirca N.C.</u>		
(12) OCCUPATION <u>Farm Laborer</u>		(19) OCCUPATION <u>Farm Laborer</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at (Hour P. M.)
on the date above stated.

(23) (Signature) Ellen E. Smith
(24) State whether Physician or Midwife Midwife (25) Shirley S.C. Physician or Midwife

Given name added from a supplemental report
..... 191.....
Registrar

(26) Witness D. T. Watson
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Mar 26 1916 (28) P. B. Ingram 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.

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.