

(1) PLACE OF BIRTH

County of CherokeeTownship of Douglasor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1303 Registered No. 29

(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 Garris L. Leon Coker If child is not yet named, make supplemental report as directed(3) SEX OR CHILD Boy (4) Twin or Triplet ☒ (5) Number in order of birth 1 (6) Age 2 (7) DATE OF BIRTH 8/11 23

FATHER.

(8) FULL NAME Lennie Coker(9) PRESENT RESIDENCE OF FATHER Turbeville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lennie Garbrough(15) PRESENT RESIDENCE OF MOTHER Turbeville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 1:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Maggie Coker (23) Address of Physician or Midwife Turbeville, S.C.(24) State whether Physician or Midwife Midwife

Give name added from a supplemental report

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

(26) Filed 8/25-23 (27) Local Registrar W. J. Turbeville

*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.