

FORM NO. 1.

## (1) PLACE OF BIRTH

County of Charleston

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Jamies Island

OR

Inc. Town of

OR

City of Charleston S.C.Registration District No. 904Registered No. 4

(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 Robert Laby Coker

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) Are Parents Married? No(7) DATE OF BIRTH Jan 6

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Priscilla Cooper Coker(9) PRESENT POSTOFFICE OF FATHER R.F.D. #1 Charleston S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 42

(Years)

(12) BIRTHPLACE Dorchester S.C.(13) OCCUPATION Famer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Boynton Laby(15) PRESENT POSTOFFICE OF MOTHER R.F.D. #1 Charleston S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30

(Years)

(18) BIRTHPLACE Jamies IslandCharleston County S.C.(19) OCCUPATION house wife(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 10:10 Feb 6 P.M. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.(23) (Signature) P.C. Coker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. T. C. Welch

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

(27) Filed 2/10/1916(28) Georg Seabrook 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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.  
McCaw, of Columbia