

(1) PLACE OF BIRTH

County of PickensTownship of Candler

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18789

Registration District No. 328 Registered No. 111
(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 Latarba Tucker Coyle

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

1) BOY OR GIRL <u>Boy</u>	2) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	3) Number in order of birth <u>2</u>	4) Are Parents Married? <u>No</u>	5) DATE OF BIRTH <u>June 22, 23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
6) FULL NAME <u>Not given</u>	7) NAME BEFORE MARRIAGE <u>Blanche Coyle</u>	8) PRESENT POSTOFFICE OF FATHER	9) PRESENT POSTOFFICE OF MOTHER <u>Horris & C.</u>
10) COLOR OR RACE	11) AGE AT LAST BIRTHDAY (Years)	12) COLOR OR RACE <u>White</u>	13) AGE AT LAST BIRTHDAY (Years) <u>23</u>
14) BIRTHPLACE	15) OCCUPATION	16) BIRTHPLACE <u>Pickens Co & C.</u>	17) OCCUPATION <u>Domestic</u>
18) Number of children born to mother, including present birth <u>2</u>	19) 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 3:50 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Edward W. Guffin
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Candler

(Given name added from a supplemental report)

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

(27) Filed July 9, 1923 (28) J. H. Bearden Local Registrar

*When there was no attending physician or midwife, then the father, householders, 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.

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