

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.

MECAN OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Barry
Township of First
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
28902

Registration District No. 402 Registered No. 5-3
(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 James Samuel

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 9 14 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marion Cokely
(9) PRESENT POSTOFFICE OF FATHER Branchville S.P.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Years)
(12) BIRTHPLACE S.P.
(13) OCCUPATION Saw mill

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Stokes
(15) PRESENT POSTOFFICE OF MOTHER Smooks S.P.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
(Years)
(18) BIRTHPLACE S.P.
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 2 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann Stokes Midwife
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Smooks

Given name added from a supplemental report

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

(27) Filed 9/22 1922 (28) J. C. Smoot 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.