

(1) PLACE OF BIRTH

County of FlorenceTownship of McMurrayor
Inc. Town ofor
City of Florence(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42433

Registration District No. 2011 Registered No. 60
(For use of Local Registrar)(2) Full Name of Child John Ellis Coward 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 Dec 15, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dayton Ellie Coward(9) PRESENT POSTOFFICE OF FATHER Effingham S.C. R. 757(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 31
(Year)(12) BIRTHPLACE Florence Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Irene Gaine(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 25
(Year)(18) BIRTHPLACE Florence Co S.C.(19) OCCUPATION Domestic(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 7:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis Rhodes
(24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Florence, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 22 19 22 (28) W. H. Wall
Registrar 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.

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