

(1) PLACE OF BIRTH

County of Anderson
 Township of Brushy Creek
 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
6420

Registration District No. 3.02 Registered No. 24
 (For use of Local Registrar)

City of (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 Rupert Cornelius Coker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH March 24, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Ray Coker
 (9) PRESENT POSTOFFICE OF FATHER Easley, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Anderson Co., S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Henderson
 (15) PRESENT POSTOFFICE OF MOTHER Easley, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Transylvania Co., N.C.
 (19) OCCUPATION Housewife

(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 born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour or P. M.)

(23) (Signature) J. P. Pepper M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Easley, S.C., R#5

Given name added from a supplemental report

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

(27) Filed April 5, 1922 (28) J. R. W. L. 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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