

(1) PLACE OF BIRTH

County of GreenvilleTownship of BusterInc. Town of GreenvilleCity of S.C.

CERTIFICATE OF BIRTH

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

File No. - For this Register Only

21164

Registration District No. 2202Registered No. 33

(For use of Local Registrar)

(No. Residence see Country Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Cathleen McLoane Coplin (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>GIRL</u>	(4) <u>Yes</u> To be covered only in case of Twins or Triplets	(5) <u>Yes</u> Are Parents Married	(6) DATE OF BIRTH <u>7-23</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Henry Coplin(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. R 2(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Burness Wilson(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C. R 2(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Year)(18) BIRTHPLACE Irregular(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)(23) (Signature) Alice Stearns(24) Mid wife (25) Address of Physician or Midwife Greenville R 2 Box 153

(Given name added from a supplemental report)

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

(27) Filed 7-23-23 (28) Th. H. H. H. 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.