

## (1) PLACE OF BIRTH

County of Greenville  
Township of GreenvilleInc. Town of Greenville  
or Greenville  
(City of Greenville)

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

28593

Registration District No. 2209Registered No. ....  
(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 Mariam Catharine Coster If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 23, 1923  
(Month of Month) (Day) (Year)FATHER.  
(8) FULL NAME Earnest Burns(9) PRESENT POSTOFFICE OF FATHER Unknown(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1stMOTHER.  
(14) NAME BEFORE MARRIAGE Ethel Coster(15) PRESENT POSTOFFICE OF MOTHER Greenville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION housework(21) Number of children of this mother now living, including present birth 1st

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:15 P.M. on the date above stated. (Born alive or Stillborn) (Hour, M. or P. M.)(23) (Signature) E. H. Bay  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 24, 1923 (28) A. H. Mackay 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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