

(1) PLACE OF BIRTH

County of GreenvilleTownship of Butleror
Inc. Town ofor
City of Greenville

(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

42643

Registration District No. 2202 Registered No. 75
(For use of Local Registrar)(2) Full Name of Child Leroy Cokers (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. 7, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Leo Coker(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Greenville(13) OCCUPATION public work(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Hortez Cokers(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Greenville(19) OCCUPATION Domestic(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 7:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charity Means(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville SC 79 #8

Given name added from a supplemental report

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

(27) Filed Dec 11, 1922 (28) T. A. Jones 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.