

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

28606

Registration District No.

Registered No.

For use of Local Registrar

EMMA MOSS BOOTH, MEMORIAL HOSPITAL

(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

Evelyn Louise Coursey

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD

Evelyn

(4) Twin or Triplet

To be covered only in event of Twin or Triplet

(5) Number in order of birth

1st

(6) Are Parents Married?

No

(7) DATE OF BIRTH

Sept 27, 1923

(Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

E. C. Miller

(9) PRESENT POSTOFFICE OF FATHER

Unknown

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26

(Year)

(12) BIRTHPLACE

Ga.

(13) OCCUPATION

Spinning room

(14) Number of children born to mother, including present birth

1

## MOTHER.

(15) NAME BEFORE MARRIAGE

Jessie Coursey

(16) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

23

(Year)

(19) BIRTHPLACE

Ga.

(20) OCCUPATION

Spinner

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ...

Alive

at 2:46 A.M.

on the date above stated.

(23) (Signature)

(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 28, 1923

(28) 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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