

Form No. 1

(1) PLACE OF BIRTH

County of M. C. Carmick
 Township of M. C. Carmick S. C.
 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

31207

Registration District No. 4504Registered No.
(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 Ree Lee May Coverington (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL Girl (4) Twin Yes (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME James Coverington
 9. PRESENT POSTOFFICE OF FATHER
 10. COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30
 12. BIRTHPLACE M. C. Carmick S. C.
 13. OCCUPATION Farmer

MOTHER.

14. NAME BEFORE MARRIAGE Maie Merry
 15. PRESENT POSTOFFICE OF MOTHER
 16. COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24
 18. BIRTHPLACE M. C. Carmick S. C.
 19. OCCUPATION Farm hand

20. Number of children born to mother, including present birth 321. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.... Alive at 10:30
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Donnellan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Mt. Carmel S. C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)19
Registrar(27) Filed 10-2-19 (28) D. J. W. Allen
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.