

## (1) PLACE OF BIRTH

County of Orange  
Township of Northor  
Inc. Town of  
or

City of (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

40323

Registration District No. 2012 Registered No. 105  
(For use of Local Registrar)

No. St. Ward

(2) Full Name of Child Sina Varnell Coker If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Age Parents Married 16 (7) DATE OF BIRTH Dec 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Andrew C. Coker(9) PRESENT POSTOFFICE OF FATHER Wake City SC #1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Williamsburg Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 13

## MOTHER.

(14) NAME BEFORE MARRIAGE Lena Hender(15) PRESENT POSTOFFICE OF MOTHER Wake City SC #1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Williamsburg Co.(19) OCCUPATION Domestic(20) 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 5 A.M. (Born alive or stillborn) (Hour A.M. or P.M.)  
on the date above stated.(23) (Signature) S. C. Coker(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wake City, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1/14 74 (28) G. S. Hender 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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