

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Registrar	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		42823	
Township of <u>Beach Springs</u>		Bureau of Vital Statistics			
or Inc. Town of.....		State Board of Health			
or City of.....		Registration District No. <u>4th B</u>		Registered No. <u>70</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Jack James Willie Coan</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 2 '23</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jack Coan</u>			(14) NAME BEFORE MARRIAGE <u>Carrie Kelley</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Zucapau S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Zucapau S.C.</u>		
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>		
(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTHPLACE <u>Spartanburg Co</u>			(18) BIRTHPLACE <u>Spartanburg Co</u>		
(13) OCCUPATION <u>Dealers Groceries</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>S. B. Moore</u>					
(24) State whether Physician or Midwife <u>Phys</u> (25) Address of Physician or Midwife <u>Zucapau S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>S. B. Moore</u> (Signature of Witness necessary only when question 23 is signed by mark)		
19 <u>23</u> Registrar			(27) Filed <u>Nov 1 '23</u> (28) <u>S. B. Moore</u> 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.					