

(1) PLACE OF BIRTH

County of Charleston S.C.

Township of

or Town of

City of Charleston S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Lucile Elizabeth McCotter

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

One

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

Dec. 27th 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Andy M. D. M. C. Cotter

(9) PRESENT POSTOFFICE OF FATHER

Kingstree S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

32
(Years)

(12) BIRTHPLACE

Kingstree S.C.

(13) OCCUPATION

Store Keeper

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

Three

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucile Turner

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

29
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

House wife

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

Martha Howard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife 52 Ashcroft Green

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Married")

(27) Filed 12/29 19 22

(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 reports desired of stillbirths before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. — For State Registrar Only
41215

9A

Registration District No.

Registered No. 1855
(For use of Local Registrar)

Township of

or Town of

City of Charleston S.C.(No. 39 Mary St.)

St.; Ward)

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