

(1) PLACE OF BIRTH

County of Flomies
Township of Dec
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

42409

Registration District No. 2008

Registered No. 158
(For use of Local Registrar)

(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

Helena Smith Co is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 3, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Almond A. Coor
(9) PRESENT POSTOFFICE OF FATHER Scranton S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years)
(12) BIRTHPLACE Scranton S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Arcie G. Davis
(15) PRESENT POSTOFFICE OF MOTHER Scranton S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Laurel City S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vivie James
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Scranton S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Local Registrar

*When there was no attending physician or midwife, 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 sixth month of pregnancy.