

(1) PLACE OF BIRTH

County of ChesterfieldTownship of Chapin

OF

Inc. Town of

OF

City of Willie May (No. 54) (Ward)

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

(2) Full Name of Child William Coddie If child is not yet named, make supplemental report as directed

(3) SEX-OR GIRL	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 5 23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>W.P. Coddie</u>	(14) NAME BEFORE MARRIAGE <u>Fannie Smother</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Middendorf R #1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Middendorf R #1</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Chesterfield Co S.C.</u>	(18) BIRTHPLACE <u>Chesterfield Co S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House Wife</u>
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:45 M., on the date above stated. (Born alive or stillborn (Hour & Minute P. M.))(23) (Signature) S. Beckman (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed (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 report is desired of stillbirths before the fifth month of pregnancy.

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