

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

52173

(1) PLACE OF BIRTH

County of Flarences

Township of J. P. Gregg

Inc. Town of Wicks Bluff

City of _____

Registration District No. 2007 Registered No. 133
(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. Master Coker, Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? _____ <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar 18 1906</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Master Coker, Jr.

(9) PRESENT POSTOFFICE OF FATHER Wicks Bluff S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Wicks Bluff S.C.

(13) OCCUPATION Ship Hand

(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jolly

(15) PRESENT POSTOFFICE OF MOTHER Wicks Bluff S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE Wicks Bluff S.C.

(19) OCCUPATION Field Hand

(21) 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 born alive at 12:30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Martha X. ...

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Flarences S.C. R. 1.

Given name added from a supplemental report

(26) Witness Mrs. Jno. P. Gregg (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed Mar 21 1906 (28) Mrs. Jno. P. Gregg 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 at stillbirths before the fifth month of pregnancy.

(Deputy)

SPECIAL TABLES, WITH DIRECTIONS FOR THEIR USE, ARE PRINTED AT THE END OF THIS FORM. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE MOTHER'S NAME IN EACH CASE. FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5. STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, COLUMBIA.