

## (1) PLACE OF BIRTH

County of *Flaremore*Township of *J. P. Gregg*Inc. Town of *Indian Bluff*

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

52173

Registration District No. *2007* Registered No. *133*

(For use of Local Registrar)

(2) Full Name of Child. *Frederick Coker, Jr.* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy* (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Mar 18 1906* (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Frederick Coker, Sr.*(9) PRESENT POSTOFFICE OF FATHER *Mar. Bluff - S.C.*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *30* (Years)(12) BIRTHPLACE *Mar. Bluff - S.C.*(13) OCCUPATION *Field Hand*(14) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Jolly*(15) PRESENT POSTOFFICE OF MOTHER *Mar. Bluff - S.C.*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *28* (Years)(18) BIRTHPLACE *Mar. Bluff - S.C.*(19) OCCUPATION *Field Hand*(20) 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* *12:30 P.M.* (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *Mrs. J. P. Gregg*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Flaremore S.C. R. 1.*

Given name added from a supplemental report

(26) Witness *Mrs. J. P. Gregg*

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

(27) FILED *Mar 23 1906* (28) *Mrs. J. P. Gregg* Local Registrar

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.

(Deputy)

SEVERAL PLACES, WHERE BIRTHS OF TWINS OR TRIPLETS ARE A FREQUENT OCCURRENCE, THE STATE BOARD OF HEALTH HAS PROVIDED A SEPARATE BLANK FOR EACH CHILD, AND MARKED THE M. B. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK, NO. 2, ETC., IN QUESTION 1.

STATE OF COLUMBIA