

(1) PLACE OF BIRTH

County of Darlington

Township of \_\_\_\_\_

or Inc. Town of Harbottle

or 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

41945

Registration District No. 1573 Registered No. 134  
(For use of Local Registrar)

(2) Full Name of Child. Ruth Pawton Coker

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 15 1912  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David P. Coker

(9) PRESENT POSTOFFICE OF FATHER Harbottle SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52  
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Cotton Buyer

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

MOTHER.

(14) NAME BEFORE MARRIAGE May Coker

(15) PRESENT POSTOFFICE OF MOTHER Harbottle SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born alive at 9:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William D. Sneyd  
(24) State where Physician or Midwife (25) Address of Physician or Midwife Harbottle SC

Given name added from a supplemental report

....., 191.....  
Registrar

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

(27) Filed Dec 16 22 (28) W. J. McKee  
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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