

Form No 1.

(1) PLACE OF BIRTH

County of Sumter
Township of Concord

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91957

Inc. Town of Registration District No 4-100 Registered No. 125
(For use of Local Registrar)
City of (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 Phruan M. Coy. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE BIRTH <u>Dec. 9, 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oliver M. Coy.(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Sumter Co. S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Woueta M. Coy.(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Sumter Co. S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. J. Newman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Sumter S.C.

Given name added from a supplemental report

(26) Witness T. E. Newman
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/20 1916 (28) C. J. Newman
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.