

WHITES PLAINLY, WITH UNFADING INK—FILL IN A PROMINENT GENTLE, AND MARK THE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 6.

(1) PLACE OF BIRTH

County of Marlboro
Township of Belton
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

39407

Registration District No. 3304 Registered No. 159
(For use of Local Registrar)

(2) Full Name of Child Lee Vester M. Coy (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 26 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 11 22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John M. Coy
(9) PRESENT POSTOFFICE OF FATHER Eliz St
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY..... (Years)
(12) BIRTHPLACE SE
(13) OCCUPATION Labourer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie M. Coy
(15) PRESENT POSTOFFICE OF MOTHER Eliz St
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY..... (Years)
(18) BIRTHPLACE SE
(19) OCCUPATION Labourer
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. mid wife Pearl M. H. H. H.
(23) (Signature) mid wife Pearl M. H. H. H.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 2 P

Given name added from a supplemental report

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

(27) Filed Nov 21 1922 W. H. W. H. H. 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.