

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

41145

County of York

Township of Dickland

City of York

Registration District No. 101

Registered No. 129

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

(1) Full Name of Child

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

(2) SEX OF CHILD Male (3) Type or Triplet? Single (4) Number in order of birth 1 (5) Are Parents Married? Yes (6) DATE OF BIRTH Dec 30 23 (Name of Month) (Day) (Year)

FATHER
(7) FULL NAME Wm. Lister Coates
(8) PRESENT POSTOFFICE OF FATHER Camden S C
(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 27 (Years)
(11) BIRTHPLACE Lancaster Co
(12) OCCUPATION Lumber
(13) Number of children born to mother, including present birth 4

MOTHER
(14) NAME BEFORE MARRIAGE Lily May Leach
(15) PRESENT POSTOFFICE OF MOTHER Camden
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Lancaster Co
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 1 9 on the date above stated.

(22) (Signature) W. H. Leach

(23) State of Physician or Midwife South Carolina

(24) Address of Physician or Midwife Camden

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 21 is signed by mother)

(26) Filed Jan 11 1924 (27) Registrar H. H. Leach

*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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