

Form No. 1

## (1) PLACE OF BIRTH

County of Darlington  
 Township of Blackville  
 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

40980

Registration District No. 504 Registered No. 128  
 (For use of Local Registrar)

(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 Arthur Koker {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 4, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Arthur Koker  
 (9) PRESENT POSTOFFICE OF FATHER Blackville  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35  
 (Years)  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Karin Cross  
 (15) PRESENT POSTOFFICE OF MOTHER Blackville  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35  
 (Years)  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lilla May  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan. 10, 1923 (28) U. S. L. Hammond  
 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.

REMARKS: THIS IS A PERMANENT RECORD. IF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.