

MARGIN RESERVED FOR BINDING. WITHIN PLAINLY, WITH UNFOLDING IN PLAIN, AS A PERMANENT RECORD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 6.

(1) PLACE OF BIRTH

County of Pinfield
 Township of 9
 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
4072

Registration District No. 1908 Registered No. 9
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 10 1908</u> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <u>Ormus Coates</u> (9) PRESENT POSTOFFICE OF FATHER <u>Wm. Coates</u> (10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>27</u> (12) BIRTHPLACE <u>Pinfield County SC</u> (13) OCCUPATION <u>Farmer</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Annie Stevenson</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Wm. Coates</u> (16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (18) BIRTHPLACE <u>Pinfield County SC</u> (19) OCCUPATION <u>Wife</u> (20) Number of children born to mother, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:40 M., on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) J. C. Buckner
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report
 (25) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (26) Filled Mar 9 19 22 (27) J. C. Buckner 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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