

(1) PLACE OF BIRTH

County of George TownTownship of 7or
Inc. Town ofor
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 Willie Mae Willie CoyFile No.—For State Registrar Only
18699Registration District No 2106 Registered No. 24
(For use of Local Registrar)(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16, 1922
(Type of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam. Willie Coy(9) PRESENT POSTOFFICE OF FATHER Murrells Outlet S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Murrells Outlet S.C.(13) OCCUPATION Farm(14) NAME BEFORE MARRIAGE Lula Murrells(15) PRESENT POSTOFFICE OF MOTHER Murrells Outlet S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Murrells Outlet S.C.(19) OCCUPATION Horse Keeping(20) Number of children born to mother, incl. present birth 10(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1030 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Collins(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Box 2 New S.C.

Given name added from a supplemental report

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

(27) Filed June 23, 1922 (28) E. W. Bell 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.

N. M.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.