

(1) PLACE OF BIRTH

County of Kershaw

Township of

or
Inc. Town ofor
City of Myer

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41102

Registration District No. 27.0 Registered No. 117
(For use of Local Registrar)(No. Propter St. Ward)(2) Full Name of Child McCoy, Yonimus Matis If child is not yet named, make supplemental report as directed

3. BOY OR GIRL <u>Boy</u>	4. Type of Twin To be answered only in case of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Dec 13 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>H. Matis</u>			14. NAME BEFORE MARRIAGE <u>Clara Williams</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Camp 1222 N.C.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Camp 1222 N.C.</u>	
10. COLOR OR RACE <u>W</u>	11. AGE AT LAST BIRTHDAY <u>32</u> (Year)	16. COLOR OR RACE <u>W</u>	17. AGE AT LAST BIRTHDAY <u>29</u> (Year)	18. BIRTHPLACE <u>St Louis</u>
12. BIRTHPLACE <u>W. H. C.</u>			19. OCCUPATION <u>in army</u>	
20. Number of children born to mother, including present birth <u>1</u>			21. Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:00 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) J. H. M. M. M. M.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 27 1923 (28) W. G. Wilson 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.

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.