

Form No 1.

(1) PLACE OF BIRTH

County of Georgetown Co

Township of .....

or

Inc. Town of .....

or

City of .....

(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

Registration District No. 2100

File No. — For State Registrar Only

42886

Registered No. ....

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Abraham McCoy

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? .....

(5) Number in order of birth .....

(To be entered only in case of Twin or Triplet)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 19 1915

(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Henry McCoy

(9) PRESENT POSTOFFICE OF FATHER Georgetown SC

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY .....

(12) BIRTHPLACE Winyah SC

(13) OCCUPATION Daily work

(14) Number of children born to mother, including present birth One

**MOTHER.**

(14) NAME BEFORE MARRIAGE Annie E Davis

(15) PRESENT POSTOFFICE OF MOTHER Georgetown SC

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY .....

(18) BIRTHPLACE Winyah SC

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(23) (Signature) E. L. Davis

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Georgetown SC

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed 23 Dec 1915

(28) J. M. Johnson

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Z. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

City of Columbia.