(1) PLACE OF BIRTH

County of Irwin

Township of Dry Branch

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. 7803

File No.—For State Registrar Only 30742

Registered No. 78

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Fabler Black Coogler

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? \

(5) Number in order of birth \

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 11, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Homer Coogler

(9) PRESENT POSTOFFICE OF FATHER Indianville S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Irwin County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Martin

(15) PRESENT POSTOFFICE OF MOTHER Indianville S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Irwin County

(19) OCCUPATION .....

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 A. M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Quinsenberry M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

.....

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed Sept. 12 22 (28) D. Brand Davis

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.

.....

Registrar

*When there was no attending physician or midwife, then the father, ... No report is desired of ...
If a child breathes even once, it must not be reported as stillborn.
before the fifth month of pregnancy.

N. B.—In case of 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.

N. B.—WHEN PLANNING, WHILE UNFOLDING INSTRUCTIONS IN A STRAIGHT DIRECTION, BEGIN AT THE BACK OF COLUMBIA, COLUMBIA, S. C.