

Form No. 1

(1) PLACE OF BIRTH

County of HorryTownship of Canawayor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

42957

Registration District No. Registered No.
(For use of Local Registrar)(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 Chandle Coursey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 26</u> 19 <u>22</u> (Name of Month) (Day) (Year)
-----------------------------	----------------------	------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME Abraham Coursey

(9) PRESENT POSTOFFICE OF FATHER Myrtle Beach SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Horry Co SC

(13) OCCUPATION Labor

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Coursey

(15) PRESENT POSTOFFICE OF MOTHER Myrtle Beach SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Horry Co SC

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 7(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 P.M.,
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Minder Simmons

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Myrtle Beach SC

Given name added from a supplemental report

(26) Witness J. H. Cooke
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 5 1922 (28) J. D. Dwyer 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. 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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.