

MARGIN RESERVED FOR BINDING.

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

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Florence</u>		STATE OF SOUTH CAROLINA.		72675	
Township of <u>Florence</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Florence</u>		State Board of Health			
City of <u>Florence</u>		Registration District No. <u>310 Elizabeth</u>		Registered No. <u>702</u>	
(If birth occurs in a hospital or other institution give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Rosevelt Coker</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>August 22, 1916</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Arnett Coker</u>		(14) NAME BEFORE MARRIAGE <u>Hand Mallow</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Shiloh S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Elliott S.C.</u>			
(10) COLOR OR RACE <u>colored</u>		(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)		(16) COLOR OR RACE <u>colored</u>	
(12) BIRTHPLACE <u>Shiloh S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		(18) BIRTHPLACE <u>Elliott S.C.</u>	
(13) OCCUPATION <u>farming</u>		(19) OCCUPATION <u>General Housework</u>			
(20) Number of children born to mother, including present birth <u>one</u>		(21) Number of children of this mother now living, including present birth <u>one</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>5 to 2 a.m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Midwife Mary Wilson</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report <u>Aug 24, 1916</u>		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
Registrar		(27) Filed <u>August 2, 1916</u> (28) <u>M. R. Molyneux</u> 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.