

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

72675

(1) PLACE OF BIRTH

County of Florence

Township of Florence

or Inc. Town of Florence

or City of Florence

Registration District No. 310 Elizabeth

Registered No. 702

(For use of Local Registrar)

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

(2) Full Name of Child Rosevelt Coker

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> <small>To be answered only in event of Twins or Triplets</small>	(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> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME <u>Arnett Coker</u>	(14) NAME BEFORE MARRIAGE <u>Paul Muldrow</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>	(16) COLOR OR RACE <u>colored</u>
(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Shiloh S.C.</u>	(18) BIRTHPLACE <u>Elliott S.C.</u>
(13) OCCUPATION <u>farmer</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 alive at 5 to 2 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Mary Wilson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Aug 24, 1916

Registrar

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

(27) Filed August 26, 1916 (28) M. B. Molyneux 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.

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.