

(1) PLACE OF BIRTH

County of Lynch
 Township of Coyce
 Inc. Town of Coyce, SC
 City of Coyce, SC

(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

No. — For State Registrar Only

3302

Registration District No. 3.1.05

Registered No. 10.8
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OR CHILD Boy (4) Type or Triplet One (5) Number in order of birth Eight (6) Are Person Married? yes (7) DATE OF BIRTH July 22, 1923

FATHER

(8) FULL NAME Willie Williams

(9) PRESENT POSTOFFICE OF FATHER Coyce SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Sarah Jacobs

(15) PRESENT POSTOFFICE OF MOTHER Coyce SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Homeste

(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 alive at 6 P. M. on the date above stated. (born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. A. Osburn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 10, 1923 (28) g. E. Lybri 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.

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THIS IS A PREPARED FORM. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.