

## (1) PLACE OF BIRTH

County of .....

Township of .....

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

File No.—For State Registrar Only

16939

Registration District No. .... Registered No. .... 95

(For use of Local Registrar)

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

(2) Full Name of Child Lilly M. Coy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH May 31 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

David M. Coy

(9) PRESENT POSTOFFICE OF FATHER

Sumter

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

32  
(Years)

(12) BIRTHPLACE

Clarendon

(13) OCCUPATION

Farmer

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

1

## MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER.

Sumter

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) BIRTHPLACE

Sumter Co.

(19) OCCUPATION

Housekeeper

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Stillborn at 3 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Agnes Joe midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

David M. Coy

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

(27) Filed

May 31 1922

(28)

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.

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