

Form No. 1

## (1) PLACE OF BIRTH

County of .....

Township of *Eastover*

Incr. Town of .....

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

44752

Registration District No. *3 D. 2*Registered No. *43*

(For use of Local Registrar)

(2) Full Name of Child *Jessie May McCoy*

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

(1) BOY OR GIRL *girl* (2) Twin or Triplet (3) Number in order of birth (4) Are Parents Married *yes* (5) DATE OF BIRTH *Dec 18 23*  
 To be answered only in case of twins or triplets (Name of month) (Day) (Year)

## FATHER.

(6) FULL NAME *John McCoy*(7) PRESENT POSTOFFICE OF FATHER *Eastover*(8) COLOR OR RACE *colored* (9) AGE AT LAST BIRTHDAY *55* (Year)(10) BIRTHPLACE *b-5-2 SC*(11) OCCUPATION *Farming*(12) Number of children born to mother, including present birth *1*

## MOTHER.

(13) NAME BEFORE MARRIAGE *Henrietta McCay*(14) PRESENT POSTOFFICE OF MOTHER *Eastover*(15) COLOR OR RACE *colored* (16) AGE AT LAST BIRTHDAY *30* (Year)(17) BIRTHPLACE *SC*(18) OCCUPATION *Farming*(19) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was *Alice McLean* M., on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.)(21) (Signature) *Alice*

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

(24) Given name of child from a supplemental report

(25) Witness

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

(26) Filed *12/18 23*

(27) 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.

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 3.  
 Sec. of Columbia, Columbia, S. C.