

(1) PLACE OF BIRTH **Certified** **CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

**35206**

Township of **Cherokee**  
or  
Inc. Town of **Cherokee**  
or

Registration District No. **12A**

Registered No. **94**  
(For use of Local Registrar)

City of **Cherokee** (No. **St.** **Ward**)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) BOY ☒ GIRL ☒ (4) Twin or Triplet? **No** (5) Number in order of birth **1** (6) Age Parents Married **yes** (7) DATE **July 26 23**  
BIRTH (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME **Willie M. Coy**

MOTHER.  
(14) NAME BEFORE MARRIAGE **Aurice M. Coy**

(9) PRESENT POSTOFFICE OF FATHER **Cherokee S.C.**

(15) PRESENT POSTOFFICE OF MOTHER **Cherokee S.C.**

(10) COLOR OR RACE **negro** (11) AGE AT LAST BIRTHDAY **35** (Years)

(16) COLOR OR RACE **negro** (17) AGE AT LAST BIRTHDAY **25** (Years)

(12) BIRTHPLACE **S. C.**

(18) BIRTHPLACE **S. C.**

(13) OCCUPATION **Labor Brick yard**

(19) OCCUPATION **Housewife**

(20) Number of children born to mother, including present birth **3**

(21) Number of children of this mother now living, including present birth **3**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was **born alive** (Hour A. M. or P. M.) **12 M.**  
on the date above stated.

(23) (Signature) **Regina Barker**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Cherokee S.C.**

(Given name added from a supplemental report)

(26) Witness (Signature of Witness Secondary) **Willie M. Coy**  
when question 23 is signed by mother

(27) Filed **Dec 10 23** (28) **Antoinette R. Paul** 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.

before the fifth month of pregnancy