

(1) PLACE OF BIRTH

County of Greenville S.C.
 Town of Greenville S.C.
 City of Greenville S.C.
 (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

17772

Registration District No. 22a

Registered No. 17772
 (For use of Local Registrar)

No. 909 W. Washington

(2) Full Name of Child

Chas. Frank McCoursey

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>Full Term</u>	(5) Number in order of birth <u>1</u>	(6) Date of Birth <u>June 6/23</u>
(7) FATHER Full Name <u>D. P. D. Coursey</u>		(8) MOTHER Full Name <u>Mamie Schriever</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Greenville, S.C.</u>		(10) PRESENT RESIDENCE OF MOTHER <u>Greenville, S.C.</u>	
(11) COLOR OF RACE <u>W</u>	(12) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(13) COLOR OF RACE <u>W</u>	(14) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(15) BIRTHPLACE <u>Johnston S.C.</u>		(16) BIRTHPLACE <u>Greenville S.C.</u>	
(17) OCCUPATION <u>Mechanic</u>		(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth <u>One</u>		(20) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 6:30 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Alma S. Pock

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed June 11, 1923

(27) Local Registrar

(28) Local Registrar

*When there was no attending physician or midwife, upon 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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WRITE PLAINLY. WITH CARE. USE A SEPARATE BLANK FOR EACH CHILD, and mark the case of TWINS OR TRIPLETS as a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECORD OF BIRTHS, SOUTH CAROLINA, 1923.

F E T Y A L M