

THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 2. McCaw, of Columbia.

(1) PLACE OF BIRTH
 STATE OF SOUTH CAROLINA.
 County of Charleston
 Bureau of Vital Statistics
 State Board of Health
 Township of
 or
 Inc. Town of Registration District No. 1-5-2 / Registered No. 6
 (For use of Local Registrar)
 City of (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 Frederick Coe { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>-</u> <small>(to be answered only in case of Twin or Triplet)</small>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 5-22</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Floy Coe
 (9) PRESENT POSTOFFICE OF FATHER Charleston R.
 (10) COLOR OR RACE Coe - (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Bessie Richardson
 (15) PRESENT POSTOFFICE OF MOTHER Charleston R.
 (16) COLOR OR RACE Col - (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION at home
 (20) 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 alive at 2 A. M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) E. L. L.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by nurse)
 (27) Filed Feb. 1, 1911 (28) E. L. L. 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.

If a child breathes even once, before the fifth month of pregnancy, this return births