

## (1) PLACE OF BIRTH

County of *Rutherford*Township of *Centerville*

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *303*

File No. - For State Registrar Only

13589

Registered No. *38*

(For use of Local Registrar)

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 *Max Louis Coker*

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

3. BOY OR GIRL *girl*

4. Twin or Triplet?

5. Number in

To be answered only in event of Twin or Triplet

6. Are

Parents

7. DATE OF

BIRTH

*May 30, 1922*

(Specify Month) (Day) (Year)

## FATHER

8. FULL NAME *Louis Coker*9. PRESENT POSTOFFICE OF FATHER *Anderson S.C. #2*10. COLOR OR RACE *Negro*11. AGE AT LAST BIRTHDAY *28*

(Years)

12. BIRTHPLACE *Stewart Co. Ga*13. OCCUPATION *Farm laborer*20. Number of children born to mother, including present birth *5*

## MOTHER

14. NAME BEFORE MARRIAGE *Evelyn Wiggins*15. PRESENT POSTOFFICE OF MOTHER *Anderson S.C. #2*16. COLOR OR RACE *Negro*17. AGE AT LAST BIRTHDAY *27*

(Years)

18. BIRTHPLACE *Stewart Co. Ga*19. OCCUPATION *Domestic*21. Number of children of this mother now living, including present birth *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *A. D. Smith*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Anderson, S.C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is answered)

(27) Filed

*May 10, 1922*(28) *ANDERSON, S.C.*

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