(1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Spartanburg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

19084

Registration District No. 40-a Registered No. 263
(For use of Local Registrar)

(No. 51 Brush 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 Nellie May Coker

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 20 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME James Coker	(14) NAME BEFORE MARRIAGE Hannah Oaks
(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.	(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE 51 Brush St S.C.	(18) BIRTHPLACE 51 Brush St S.C.
(13) OCCUPATION Roman Labor	(19) OCCUPATION Cook
(20) Number of children born to mother, including present birth 14	(21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Anna Lindsay P.M.

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Blackstone

Given name added from a supplemental report

Anna Lindsay

..... 1923
Registrar

(26) Witness 3
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7-1 1923 (28) James Coker
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.