

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Spartanburg

Township of Woodruff

or  
Inc. Town of .....

City of .....

(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

File No.—For State Registrar Only

74822

Registration District No. 4009 Registered No. 96  
(For use of Local Registrar)

(2) Full Name of Child Ellen Coolmell

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Aug. 26 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hill Coolmell

(9) PRESENT POSTOFFICE OF FATHER Woodruff SC RFS #4

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Columbia Co NC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Cordonia Longster

(15) PRESENT POSTOFFICE OF MOTHER Woodruff SC R4

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Spartanburg County

(19) OCCUPATION Nurse keeps

(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 at 12 15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. A. H. H. H. H. H.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Woodruff SC.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept. 11 1916

(28) Chas. L. Boyler 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.