

**CERTIFICATE OF BIRTH**

File No.—For State Registrar Only

74735

(1) PLACE OF BIRTH

County of Sping  
Township of Camphobell

Registration District No. 4001 B

Registered No. 86  
(For use of Local Registrar)

City of ..... 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... Anna Copeland If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 12 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 24 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Idaru Copeland  
(9) PRESENT POSTOFFICE OF FATHER Frisquerville  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Sping Co.  
(13) OCCUPATION Surgeon  
(20) Number of children born to mother, including present birth 12

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Julia E. Whitesides  
(15) PRESENT POSTOFFICE OF MOTHER Frisquerville  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 45 (Years)  
(18) BIRTHPLACE Sping Co.  
(19) OCCUPATION domestic  
(21) 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 Alma at 9:30 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. B. Wilson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sping

Given name added from a supplemental report  
....., 191....  
..... Registrar

(26) Witness ..... (Signature of witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 25 1916 (28) A. J. Burdett Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.