

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

74735

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

Registration District No. 4001 B

Registered No. 86

(For use of Local Registrar)

(No. 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

Ann Copeland

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Aug 24, 1916

To be answered only in event of Twins or Triplets

MOTHER.

(8) FULL NAME

Idaru Copeland

(14) NAME BEFORE MARRIAGE

Julia E. Whitesides

(9) PRESENT POSTOFFICE OF FATHER

Frisquerville

(15) PRESENT POSTOFFICE OF MOTHER

Frisquerville

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

250

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

45

(12) BIRTHPLACE

D. S. Co.

(18) BIRTHPLACE

Frisquerville

(13) OCCUPATION

Surgeon

(19) OCCUPATION

Domestic

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

12

(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

M. D.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 5, 1916

(28)

A. G. Burton

Local Registrar

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.