

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH
County of Clarendon
Township of Calvary
or
Inc. Town of Pinewood
or
City of _____ (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

16 093395
FILE No.—For State Registrar Only
0125

Registration District No. 1301 Registered No. 60
(For use of Local Registrar)

2. FULL NAME OF CHILD Sara Richbourg Coulette
(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl girl 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? yes 8. Date of birth Dec 31, 1916
(Month, day, year)

9. Full name FATHER J. H. Coulette 18. Name before marriage MOTHER Ethel Richbourg

10. Residence (mailing address) Pinewood, S.C. 19. Residence (mailing address) Pinewood, S.C.
(If non-resident, give place and State.)

11. Color or race White 12. Age at last birthday 26 (Years) 20. Color or race White 21. Age at last birthday 25 (Years)

13. Birthplace (city or place) Pinewood 22. Birthplace (city or place) Pinewood
(State or country) S.C. (State or country) S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) 5 (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, _____ (Before labor _____) _____ (During labor _____)
period of gestation _____ months _____ weeks

29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplementary report _____
(Date of) _____

(Signed) _____, M.D.

or Margaret M. Fadden Midwife.

Address Summerton, S.C.

Filed Sept 16, 1939 Bessie Deschamps
Registrar.

Registrar.