

(1) PLACE OF BIRTH

County of SumpterTownship of Ginsburgor
Inc. Town ofor
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

58809

Registration District No. 6-5 Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child Uellie Irene Coolen

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 case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Apr 1

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur C. Coolen(9) PRESENT POSTOFFICE OF FATHER Hamletville(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Sumpter County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Graham(15) PRESENT POSTOFFICE OF MOTHER Hamletville(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Sumpter County(19) OCCUPATION —(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 at Hamletville on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Graham

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife HamletvilleGiven name added from a supplemental report Ork 41917C. W. Miller
Registar(26) Witness E. L. B. Apple

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

(27) Filed Apr 4 1917

(28)

E. L. B. Apple
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.

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.

Cav. of Columbia.