

(1) PLACE OF BIRTH
County of Charleston
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
88699

Inc. Town of

Registration District No. 9A Registered No. 1374
(For use of Local Registrar)

City of Robert Hospital 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 Boby Cothuy { 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 5-6
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clifford J Cothuy

(9) PRESENT POSTOFFICE OF FATHER Brunswick Mass

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Franklin N. C.

(13) OCCUPATION Butcher

(22) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Nell McMillan

(15) PRESENT POSTOFFICE OF MOTHER 19 Ely St

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Franklin N. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at A. M.,
born alive or stillborn. (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Thos. A. Green M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
R. Hospital

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by father) Thos. A. Green M.D.

(27) Filed 179 1916 (28) Thos. A. Green M.D. 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.

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