

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS or TRIPLETS use a separate card for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Myrtle

Township of Myrtle

or  
Inc. Town of Myrtle

or  
City of Myrtle

(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  
85845

Registration District No. 2209

Registered No. 563

(For use of Local Registrar)

St.; 7th Ward

(2) Full Name of Child.

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

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 11 22 9

(If answered only in case of Twins or Triplets)

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Samuel Cooper

(14) NAME BEFORE MARRIAGE Vadine Gibson

(9) PRESENT POSTOFFICE OF FATHER 23 7th St Myrtle

(15) PRESENT POSTOFFICE OF MOTHER same

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 28

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 29

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Millwork

(19) OCCUPATION house

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

(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 born alive at 3 PM on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) John H. Bell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 11 1916

(28)

A H Mackay

Local Registrar

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