

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or
Inc. Town ofor
City of Spartanburg

(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

66150

Registration District No. 40-A Registered No. 238

(For use of Local Registrar)

City of Spartanburg No. Cherryment St.; one Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Myrtis Eugene Coln { 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 June, 12, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earnest Coln(9) PRESENT POSTOFFICE OF FATHER Spartanburg city(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE York S.C.(13) OCCUPATION Domestic(20) Number of children born to mother, including present birth { one }

MOTHER.

(14) NAME BEFORE MARRIAGE Stella Ezell(15) PRESENT POSTOFFICE OF MOTHER Spartanburg City(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Spartanburg S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { one }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at Eleventh P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jennie Wilson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife #61. E. Hampton ave

Given name added from a supplemental report

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

(27) Filed July 1, 1916 (28) Jas Coker 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 UNFAADING 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.
McCaw, of Columbia