

(1) PLACE OF BIRTH

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County of Florence

Township of Dagwood

or Town of Myrtle Beach

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

77561

Registration District No. 2504 Registered No. 18031

(For use of Local Registrar)

(2) Full Name of Child Linnus May Cooper

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? no

(7) DATE OF BIRTH Sept 8, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Circus

(9) PRESENT POSTOFFICE OF FATHER Conway SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY unknown (Years)

(12) BIRTHPLACE Wilmington NC

(13) OCCUPATION mechanic

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Cooper

(15) PRESENT POSTOFFICE OF MOTHER Myrtle Beach SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Florence SC

(19) OCCUPATION House work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Cooper

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Myrtle Beach SC

Given name added from a supplemental report

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

(27) Filed Sept 14, 1916 (28) J. M. Johnson 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.