

Form No. 10. MARGIN RESERVED FOR BINDING. VARIOUS 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. McCay, of Columbia.

(1) PLACE OF BIRTH

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 County of Florence
 Township of D. eqn. ad. v. ad.
 or
 Inc. Town of Myrtle Beach
 or
 City of _____

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

File No. _____ For State Registrar Only
77561

(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? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Sept 8, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Circus
 (9) PRESENT POSTOFFICE OF FATHER Conway S C
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY unknown (Years)
 (12) BIRTHPLACE willmington N C
 (13) OCCUPATION merchandise
 (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 S C
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Florence S C
 (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. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Mary Cooper
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Myrtle Beach S C

Given name added from a supplemental report
 191.....
 Registrar

(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.