

WRITE 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.

McGraw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH  
County of Greenville  
Township of Greenville  
or  
Inc. Town of .....  
or  
City of Greenville, S.C.

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

File No.—For State Registrar Only  
**90088**

Registration District No. 2207 Registered No. 570  
(For use of Local Registrar)

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

(2) Full Name of Child Not yet named If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 5<sup>th</sup> 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Wm. A. Cooper  
(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)  
(12) BIRTHPLACE Pickens Co., S.C.  
(13) OCCUPATION Farming & Merchandising  
(20) Number of children born to mother, including present birth Five

MOTHER  
(14) NAME BEFORE MARRIAGE Camilla Young  
(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE Greenville Co., S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth Five

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was B. Allen at Home on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Dr. J. H. Mackey  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville, S.C.

Given name added from a supplemental report  
.....  
.....  
..... 19 ..  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Dec 6 1916  
(27) Filed 1916 (28) A. H. Mackey 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 be reported as born. No report is desired of stillbirths before the fifth month of pregnancy.

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