

(1) PLACE OF BIRTH

County of Hay
 or
 Township of Little River
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
 64827

Registration District No. 3507 Registered No. 174
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 1, 1914</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME O. F. Vereen

(9) PRESENT POSTOFFICE OF FATHER Little River S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE Hay Co. S.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Anna McGinn

(15) PRESENT POSTOFFICE OF MOTHER Little River S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE New Bern N.C.

(19) OCCUPATION Housework

(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 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Cooper, M.D.

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

Midwife Little River S.C.

Given name added from a supplemental report

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

(27) Filed June 1, 1914 (28) R. S. Swan
 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.

WHITE 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.
 McCaw, of Columbia.