

Form No 1.

(1) PLACE OF BIRTH

County of Darlington

Township of Four Mile

or

Inc. Town of R.F.D.

or

City of Charlottesville

(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

71393

Registration District No. 404

Registered No. 90

(For use of Local Registrar)

(2) Full Name of Child Mary Cothran

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? One

To be answered only in event of Twins or Triplets

(5) Number in order of birth 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 13, 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John L. Cothran

(9) PRESENT POSTOFFICE OF FATHER

Farming - Ehrhardt S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

47  
(Years)

(12) BIRTHPLACE

Caverton County S.C.

(13) OCCUPATION

Farming

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Lender

(15) PRESENT POSTOFFICE OF MOTHER

Ehrhardt S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27  
(Years)

(18) BIRTHPLACE

Darlington S.C.

(19) OCCUPATION

Farming

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at 4 2 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Branchville 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 Aug 17, 1916

(28) E. J. Herndon  
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 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.

State of Columbia.