

Form No 1.

(1) PLACE OF BIRTH  
County of Darlington  
Township of Four Mile  
or  
Inc. Town of RFD  
or  
City of Charleston

**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)  
St.; ..... Ward

(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 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH June 13 1916  
To be answered only in event of Twins or Triplets (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 49 (Years)  
(12) BIRTHPLACE Canton County S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Lizzie Jender  
(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Darlington  
(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 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. P. Reut...  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Branchville 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 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.  
WHITE BLANKS 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.  
City of Columbia.