

## (1) PLACE OF BIRTH

County of Declar CountyTownship of Hillsboroor  
Inc. Town of Pago Pagoor  
City of

(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

64060

Registration District No. 1603 Registered No. 69

(For use of Local Registrar)

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

(2) Full Name of Child Hurley McKinnon Coors(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) DATE OF BIRTH Jan 31 (7) NAME OF MONTH (Day) (Year)

FATHER.

(8) FULL NAME Merkel H Coors(9) PRESENT POSTOFFICE OF FATHER Pago Pago(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Declar County(13) OCCUPATION Forming(20) Number of children born to mother, including present birth Nine

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Hayes(15) PRESENT POSTOFFICE OF MOTHER Pago Pago(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Declar County(19) OCCUPATION Nurse(21) Number of children of this mother now living, including present birth Seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Pago Pago on the date above stated. (Born alive or stillborn) (Hour A. M. P. M.)(23) (Signature) R. H. Coors(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Pago Pago

(26) Witness (Signature of Witness necessary only when question 23 is signed by a local registrar)

(27) Filed Jan 7 1914 (28) 12/12/14 Local Registrar

Given name added from a supplemental report

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 first month of pregnancy.

McGraw-Hill