

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH *Aiken*

County of *Aiken*

Township of *Aiken*

or

Inc. Town of

or

City of *Aiken*

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *2-a*

16 092856

FILE No.—For State Registrar Only

03826

Registered No.

(For use of Local Registrar)

2. FULL NAME OF CHILD *Mildred Lucille Cotter*

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

3. Boy or Girl *girl*

If Plural births

4. Twin, triplet or other

5. Premature

7. Are Parents

8. Date of birth

August 3, 1916

1916

5. Number, in order of birth

Full term

Married? *yes*

(Month, day, year)

9. Full name

FATHER

William Cotter

18. Name before marriage

MOTHER

Mary Ryan

10. Residence (mailing address)

(If non-resident, give place and State)

19. Residence (mailing address)

(If non-resident, give place and State)

11. Color or race *negro*

12. Age at child's birth *2 1/2* (years)

20. Color or race *negro*

21. Age at child's birth *3 3/4* (years)

13. Birthplace (city or place)
(State or country)

Edgefield, S.C.

22. Birthplace (city or place)
(State or country)

Edgefield, S.C.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Hod carrier

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

Miscellaneous

16. Date (month and year) last engaged in this work

Sept. 23, 1930

17. Total time (years) spent in this work *18*

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Housewife

25. Date (month and year) last engaged in this work

own home

26. Total time (years) spent in this work

27. Number of children of this mother

(At time of birth and including this child (a) Born alive and now living *9* (b) Born alive but now dead *1* (c) Stillborn

28. If stillborn, period of gestation

months weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at *Aiken* m. on the date above stated.

(Signed)

Parent

or

Guardian

Address

Henry H. Barnes
Church St. Aiken, S.C.

Filed

Dec. 3, 1942

1942

M.B. Woodward, M. D.

Registrar.

Registrar.