

9-1-42

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* Standard Certificate of Birth  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of *Aiken*  
 or  
 Inc. Town of .....  
 or  
 City of *Aiken* (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

16 092856

FILE No.—For State Registrar Only  
 03826

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 ..... 6. Are Parents Married? *yes*  
 7. Date of birth *August 3*, 19*16*  
 (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* (years)

20. Color or race *negro* 21. Age at child's birth *33* (years)

13. Birthplace (city or place) *Edgefield, S.C.*  
 (State or country)

22. Birthplace (city or place) *Edgefield, S.C.*  
 (State or country)

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, 1934*

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 .....  
 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 *Henry H. Barnes* Guardian  
 Address *Church St. Aiken, S.C.*  
 Filed *Dec. 3*, 19*42* M. B. Woodward, M. D.  
 Registrar.

Registrar.