

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.  
 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.  
 McCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Barnwell  
 Township of Allendale  
 or  
 Inc. Town of Allendale Registration District No. 500  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name 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  
**88425**

Registered No. 176  
 (For use of Local Registrar)

(2) Full Name of Child Frank Copur Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 30 1946  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Frank Copur

(9) PRESENT POSTOFFICE OF FATHER Allendale S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Barber

(20) Number of children born to mother, including present birth 11

**MOTHER.**

(14) NAME BEFORE MARRIAGE Luzina Fannon

(15) PRESENT POSTOFFICE OF MOTHER Allendale S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House Keeper

(21) Number of children of this mother now living, including present birth 10

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 a. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gonzalez Coady  
 (24) State whether Physician or Midwife Midwife of Physician or Midwife Allendale S.C.

Given name added from a supplemental report

\_\_\_\_\_ 19 \_\_\_\_\_ Registrar

(26) Witness F. M. Boyd, M.D.  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 30 1946. (28) F. M. Boyd, M.D. 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.