

## (1) PLACE OF BIRTH

County of Marion S.C.Township of Marion S.C.Inc. or Town of Marion S.C.City of Marion S.C.

(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

86546

Registration District No. 37A Registered No. 111

(For use of Local Registrar)

(2) Full Name of Child Ernest Dean Child

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Oct 31 1914

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

David Cooper

(9) PRESENT POSTOFFICE OF FATHER

Marion S.C.

(10) COLOR OR RACE

Caucasian(11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE

Marion S.C.

(13) OCCUPATION

Brick mason

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

2 children

## MOTHER.

(14) NAME BEFORE MARRIAGE

Therese Carter

(15) PRESENT POSTOFFICE OF MOTHER

Marion S.C.

(16) COLOR OR RACE

Caucasian(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE

Marion S.C.

(19) OCCUPATION

house work

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

2 children

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 12 o'clock A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) midwife Mary Daniel

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeMarion S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 15 1916

(28)

Arthur R. Paig

Local Registrar

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.

MAKING INDENTED FOR INDENTED  
 WHITE PLAINLY, 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.