

(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. (No. St.; Ward)

(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? No (5) Number in order of birth 1 (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 Carder(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 Mrs. Mary Daniels(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Marion

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, 1914 (28) Arthur R. Craig 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.

SAUCIN REPRODUCED FROM THE RECORDS OF THE STATE BOARD OF HEALTH, COLUMBIA, S. C. THIS IS A PERMANENT RECORD. WHEN PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE 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. McCaw, of Columbia.