

MARGIN RESERVED FOR BINDING.

WRITE 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.

Caw. of Columbia

(1) PLACE OF BIRTH

County of Wm. BurgTownship of King

Inc. Town of _____ or _____

City of _____ (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

75099

Registration District No. 4303 Registered No. 70

(For use of Local Registrar)

(2) Full Name of Child Elizabeth Cooper { 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

(6) Are Parents Married? Yes(7) DATE BIRTH May 17th 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Cooper(9) PRESENT POSTOFFICE OF FATHER Kingston(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 38

(Years)

(12) BIRTHPLACE Wm. Burg(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 8

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Cooper(15) PRESENT POSTOFFICE OF MOTHER Kingston(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 33

(Years)

(18) BIRTHPLACE Wm. Burg(19) OCCUPATION Wife of Farmer(21) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Cytra X. Calhoun(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Kingston

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness Ed Cooper

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

(27) Filed May 19 1916(28) B. B. Calhoun 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.