

Form No. 1

(1) PLACE OF BIRTH

County of Marion

Township of

OR

Inc. Town of Mullins

OR

City of

(No. St. Ward) (If birth occurs in a hospital or other institution, give name of same institution and number.)

(2) Full Name of Child Lula May Coo

File No. — For State Registrar Only

7774

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3712 Registered No. 13

(For use of Local Registrar)

(3) Sex Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 28 (7) DATE OF BIRTH Feb. 28 1918 (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Will Gerald
(9) PRESENT POSTOFFICE OF FATHER Mullins
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 77 (Years)
(12) BIRTHPLACE Marion Co.
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Father Coo
(15) PRESENT POSTOFFICE OF MOTHER Mullins
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Marion Co.
(19) OCCUPATION Cook

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, on the date above stated. (Born alive or stillborn) (M., or P. M.)

(23) (Signature) Dolly X Woodbury
(24) State whether Physician or Midwife Midwife (25) Address of (Physician or Midwife) Mullins

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. W. Schuyler

(27) Filed Feb. 26 1918 (28) Local Registrar W. W. Schuyler

*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

McCall, Columbia, Columbia S. FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5