

(1) PLACE OF BIRTH

County of Greenville
 Township of Laurier
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

64524

Registration District No. 2206 Registered No. 66
 (For use of Local Registrar)
 St.; Ward

(2) Full Name of 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 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June 8 1916
(Name of Month) (Day) (Year)
 Take answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Coyt Stoddard
 (9) PRESENT POSTOFFICE OF FATHER Ft. Inn. S.C. R #2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
(Years)
 (12) BIRTHPLACE Greenville Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Cook
 (15) PRESENT POSTOFFICE OF MOTHER Ft. Inn. S.C. R #2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years)
 (18) BIRTHPLACE Greenville Co.
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jas. A. Thoman
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician | Ft. Inn S.C. R. 3

Given name added from a supplemental report

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

(27) Filled July 191... (28) J. B. Duckert
 Registrar 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.