

PLACE OF BIRTH

City of Georgetown

Township of

or

Town of

or

City of Georgetown

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 11-7009(No. 11-7009)

FILE No.—For State Registrar Only

6961-2Registered No. 154
(For use of Local Registrar)

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Era Lee Cooper

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

SEX
M
F
T4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married? yes

7. DATE OF BIRTH

March 6th 1923
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

FULL
NAMEJoseph E. CooperPRESENT
POSTOFFICE
OF FATHERGeorgetownCOLOR
OR
RACEWhite 18. AGE AT LAST
BIRTHDAY 28
(Years)

BIRTHPLACE

Geo. County

OCCUPATION

FarmerNumber of children born to
father, including present birth

MOTHER

14. NAME BEFORE
MARRIAGE15. PRESENT
POSTOFFICE
OF MOTHER16. COLOR OR
OR
RACE

18. BIRTHPLACE

19. OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9a M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature Dr. J. C. Burton

24. State whether Physician or Midwife

25. Address of Physician or Midwife

26. Witness

(Signature of Witness necessary only
when question 23 is signed by mark)27. Filed Jan 2428. Dr. J. C. King19
RegistrarIf there was no attending physician or midwife, then the father, householder, etc., should make this return.
If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

MAILED THE 11TH MONTH OF PREGNANCY.