

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of F. H.

or Town of Andrews S.C.

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 2103

The No. - For State Registrar Only

3925

Registered No. 25

(For use of Local Registrar)

Ward

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

(2) Full Name of Child Leroy Cooper

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

1. SEX OR

Male

4. Twin or Triplet

To be answered only in case of Twin or Triplet

5. Number in order of birth

6. Age

No

7. DATE OF

BIRTH

Nov 20 1923

8. FULL NAME

Walter Cooper

9. PRESENT POSTOFFICE OF FATHER

Andrews S.C.

10. COLOR OR RACE

Negro

11. AGE AT LAST BIRTHDAY

22

12. BIRTHPLACE

Georgetown, Conty, S.C.

13. OCCUPATION

lab on R.R. S. & L.

14. NAME BEFORE MARRIAGE

Esther M. Grace

15. PRESENT POSTOFFICE OF MOTHER

Andrews S.C.

16. COLOR OR RACE

Negro

17. AGE AT LAST BIRTHDAY

18

18. BIRTHPLACE

Georgetown Conty S.C.

19. OCCUPATION

Cook

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature)

Elna Small Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplementary report

(26) Witness

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

(27) Filed

Nov 3 1923

(28)

W. B. Bailey

Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even when it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.