

(1) PLACE OF BIRTH

County of Chester

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41541

Township of

or
Inc. Town of Registration District No. 11A Registered No. 134
(For use of Local Registrar)
or
City of Chester S.C. (No. 128 Saluda St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Francis Marion Coogler If child is not yet named, make supplemental report as directed

(3) BOY OR Boy (4) Twin or Triplet? (5) Number in order of birth (6) Age of Parents Married (7) DATE OF BIRTH Dec. 2, 1922
(Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME Paul Lamar Coogler(9) PRESENT POSTOFFICE OF FATHER Chester S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Chester S.C.(13) OCCUPATION Farmer & Real Estate(20) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Virginia Cornwell(15) PRESENT POSTOFFICE OF MOTHER Chester S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Chester S.C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. M. Wyche(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Jan 1 1923 (28) 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.

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