

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.  
 McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of Millhamburg  
 Township of Indian  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward ....)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only

87779

(2) Full Name of Child... John M. Cooper ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 11/8/14  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John M. Cooper  
 (9) PRESENT POSTOFFICE OF FATHER Farley, S. C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 52 (Years)  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Brown  
 (15) PRESENT POSTOFFICE OF MOTHER Farley, S. C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION Farmer  
 (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 Alive at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Alon Brown  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....  
 .....  
 Registrar

(26) Witness John E. Cooper  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 15, 1914 (28) E. C. Daniel  
 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.