

(1) PLACE OF BIRTH

County of *Williamburg*
Township of *King, No. 16*
or
Inc. Town of *Kingstree*
or
City of *Kingstree, S.C.* (No. *W. E. Main*)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

79604

Registered No. *21*
(For use of Local Registrar)

(2) Full Name of Child *Lucile Cooper*

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

(3) BOY OR GIRL
girl

(4) Twin or Triplet?
To be answered only in event of Twins or Triplets

(5) Number in order of birth *5th*

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

Aug. 23, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
John Cooper

(9) PRESENT POSTOFFICE OF FATHER
Kingstree, S.C.

(10) COLOR OR RACE
Negro

(11) AGE AT LAST BIRTHDAY
40
(Years)

(12) BIRTHPLACE
Indiantown, S.C.

(13) OCCUPATION
Farming work

(20) Number of children born to mother, including present birth
Five

MOTHER.

(14) NAME BEFORE MARRIAGE
Nellie Montgomer

(15) PRESENT POSTOFFICE OF MOTHER
Kingstree, S.C.

(16) COLOR OR RACE
Negro

(17) AGE AT LAST BIRTHDAY
31
(Years)

(18) BIRTHPLACE
Indiantown section

(19) OCCUPATION
Washerwoman

(21) Number of children of this mother now living, including present birth
Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6:15 P.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

Nellie Kenned (23) (Signature)

(24) State whether Physician or Midwife
(C) was the Midwife

(25) Address of Physician or Midwife
Kingstree, S.C.

Given name added from a supplemental report

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

(27) Filed *Sept. 1, 1916* (28) *J. S. McIntosh*
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.

REG. OF COLUMBIA, COLUMBIA, S. C.
FIRST-BORN NO. 1 THE OTHER NO. 2, ETC. IN QUESTION 5