

(1) PLACE OF BIRTH

County of HornerTownship of LeeOR
Inc. Town ofOR
City of

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

(2) Full Name of Child

Cooper Graham

File No. — For State Registrar Only

42410Registration District No. 2008Registered No. 517
(For use of Local Registrar)

St.; Ward)

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

(3) SEX OR CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes DATE OF BIRTH Dec. 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Cooper Graham(3) PRESENT POSTOFFICE OF FATHER Beaufort, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Horner County(13) OCCUPATION Farmers(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Long Nixon(15) PRESENT POSTOFFICE OF MOTHER Beaufort, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Horner County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white St. 2 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bessie Eaddy(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Beaufort, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date Dec. 14, 1922

(28)

Local Registrar

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.