CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 9320

(1) PLACE OF BIRTH

County of Sumter

Township of Shiloh

or

Inc. Town of .....

or

City of .....

Registration District No. 4107 Registered No. 28
(For use of Local Registrar)

(No. ..... 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 Frankie Elide Cooper (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? —

(5) Number in order of birth —

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Mar. 13 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME S Whitford Cooper

(9) PRESENT POSTOFFICE OF FATHER Shiloh S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Clarendon Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Alace Floyd

(15) PRESENT POSTOFFICE OF MOTHER Shiloh S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 43 (Years)

(18) BIRTHPLACE Clarendon Co

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2.30 a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Alace Floyd Eleven

(24) State whether Physician or Midwife Mid Wife

(25) Address of Physician or Midwife Shiloh S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed 3-21 1922 (28) L B McEleven
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.

BUREAU OF PUBLICATIONS, COLUMBIA, S. C.
PRINT-BORN, No. 1. THIS OBJECT, No. 2, etc., in question 6.
FOR USE IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the