

1. Fill in this space with the name of the child, and mark the first-born, No. 1, the other, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Dorchester  
 Township of Lyman  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
**28006**

Registration District No. 1586 Registered No. 53  
 (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 Rogers 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 6 (6) Are Parents Married Yes (7) DATE OF BIRTH July 3, 1919  
 To be answered only in event of Twin or Triplet (Month) (Day) (Year)

FATHER  
 (8) FULL NAME John Cooper  
 (9) PRESENT POSTOFFICE OR FATHER Lyman  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Dorchester Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

MOTHER  
 (14) NAME BEFORE MARRIAGE Sallie Kelly  
 (15) PRESENT POSTOFFICE OF MOTHER Lyman  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Dorchester Co  
 (19) OCCUPATION Housewife  
 (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 born alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. M. Jones  
 (24) State whether Physician or Midwife Physician Address of Physician or Midwife Lyman

Given name added from a supplemental report  
 .....  
 .....  
 ..... 19 .....  
 Registrar

(25) Witness J. M. Jones (Signature of Witness necessary only when question 24 is signed "mark")  
 (26) Filed Sept 23 19 19 (27) H. M. Jones 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.