

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. H.—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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		19898	
Township of .....		Bureau of Vital Statistics			
OR		State Board of Health			
Inc. Town of.....		Registration District No. <u>38a</u>		Registered No. <u>64</u>	
OR				(For use of Local Registrar)	
City of <u>Columbia</u>		(No. <u>Columbia Hospital</u> 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 <u>William Kendrick Cooper</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 4, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Ernest Cooper</u>			(14) NAME BEFORE MARRIAGE <u>Mary S. Gitson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>State Park, D.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>State Park, D.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)		
(12) BIRTHPLACE <u>N.C.</u>			(18) BIRTHPLACE <u>Beltaine, Md</u>		
(13) OCCUPATION <u>Physician</u>			(19) OCCUPATION <u>0</u>		
20) Number of children born to mother, including present birth <u>iii-</u>			21) Number of children of this mother now living, including present birth <u>iii</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was... <u>Born alive</u> ... at <u>5:25 P.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Robert K. Sikes M.D.</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>1512 Main St</u>					
Given name added from a supplemental report			(26) Witness		
.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>May 25</u> 19 .....		
Registrar			(28) <u>W. H. Sikes</u> 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.

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