

(1) PLACE OF BIRTH

County of Barnwell
 Township of Buford
 or Alas
 Inc. Town of Alas
 or
 City of Alas

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3135

Registration District No. 401 Registered No. 19
 (For use of Local Registrar)

(2) Full Name of Child Has Cooper Dyches (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) No Parents Married? Yes (7) DATE OF BIRTH Feb. 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred A. Dyches
 (9) PRESENT POSTOFFICE OF FATHER Alas S C
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Barnwell Co
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Sanders
 (15) PRESENT POSTOFFICE OF MOTHER Alas S C
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE Barnwell Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:40 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Le B Ray
 (24) State whether Physician or Midwife Alas

Given name added from a supplemental report

L. D. Daily
May 9 1922
 Registrar

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

(27) Filed Mar 4 1922 (28) J. E. Bennett
 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.

RECEIVED BY THE STATE REGISTRAR, BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S. C. FILE NO. 3135. THIS CERTIFICATE, WHEN COMPLETED, MUST BE RETURNED TO THE REGISTRAR WITHIN TEN DAYS OF THE DATE OF BIRTH.