

Form No 1.

(1) PLACE OF BIRTH

County of GreenvilleTownship of FairviewInc. or Town of Mountain View

City of _____

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

46338

Registration District No. 2206 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child C. B. Cooper

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? _____	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 24</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. William Cooper(9) PRESENT POSTOFFICE OF FATHER Front. Inn. S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 71 (Years)(12) BIRTHPLACE Pickens Co. S. C.(13) OCCUPATION Loom Fixer in Cotton Mill(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Parr(15) PRESENT POSTOFFICE OF MOTHER Front. Inn. S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Cherokee Co. N. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John P. De Pre

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Front Inn S. C.

Given name added from a supplemental report

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

(27) Filed Feb 10 1916 (28) J. B. Duckett 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

S. Caw. of Columbia.