

(1) PLACE OF BIRTH

County of Spartanburg.....
 Township of Campobello.....
 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

5226

Registration District No H-214. Registered No. 6.....
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Edith Copeland..... If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 20 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Peter Copeland
 (9) PRESENT POSTOFFICE OF FATHER Campobello R # 4
 (10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 38.....
 (Year)
 (12) BIRTHPLACE SC
 (13) OCCUPATION farmer
 (14) Number of children born to mother, including present birth 1 9

MOTHER.

(14) NAME BEFORE MARRIAGE Emilia Hilkey
 (15) PRESENT POSTOFFICE OF MOTHER Campobello R # 4
 (16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 32.....
 (Year)
 (18) BIRTHPLACE SC
 (19) OCCUPATION housewife
 (20) Number of children of this mother now living, including present birth 1 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive..... at 10..... P. M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(22) (Signature) Peter Copeland midwife
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife midwife Monroe R # 5

Given name added from a supplement-
 al report

(25) Witness..... (Signature of Witness necessary only
 when question 22 is signed by Mark)

(26) Filed..... (27) 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.