

22 049252

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate)

1. PLACE OF BIRTH  
County of Orangeburg  
Township of Hebron  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3608FILE No. 02284 Registrar OnlyRegistered No. \_\_\_\_\_  
(For use of Local Registrar)2. FULL NAME OF CHILD Lois Elender Cooper

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

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twins, triplets or other	6. Premature	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>July 31, 19 22</u> (Month, day, year)
		5. Number, in order of birth	Full term <u>X</u>		

9. Full name <u>FATHER</u> <u>James D. Cooper</u>		18. Name before marriage <u>MOTHER</u> <u>Essie Williams</u>	
10. Residence (mailing address) (If non-resident, give place and State) <u>Neeses, S. C.</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Neeses, S. C.</u>	
11. Color or race <u>White</u>	12. Age at child's birth <u>27</u> (years)	20. Color or race <u>White</u>	21. Age at child's birth <u>24</u> (years)
13. Birthplace (city or place) (State or country) <u>Orangeburg County, S. C.</u>		22. Birthplace (city or place) (State or country) <u>Orangeburg County, S. C.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year last) engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work <u>Life</u>		26. Total time (years) spent in this work	

27. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at \_\_\_\_\_ on the date above stated.  
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed James D. Cooper, Parent

or \_\_\_\_\_, Guardian

Given name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_  
(Date of)

Address \_\_\_\_\_

Filed May 22, 19 41 M. B. Woodward, M.D.

Registrar.

Registrar.