

(1) PLACE OF BIRTH

County of Pickens

Township of .....

Inc. Town of .....

City of Easley

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

2) Full Name of Child: .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

16330

Registration District No. 37-2

Registered No. 174  
(For use of Local Registrar)

St. .... Ward)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 31 1917  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME George M Cooper

(9) PRESENT POSTOFFICE OF FATHER Easley

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Fertile

(14) Number of children born to mother, including present birth 11

MOTHER

(14) NAME BEFORE MARRIAGE Emma Porter

(15) PRESENT POSTOFFICE OF MOTHER Easley

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive At 7 A. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Roach

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

Physician Easley

Given name added from a supplemental report

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

(27) Filed June 1 1917 (28) J. B. Roach 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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