

(1) PLACE OF BIRTH

County of ... Anderson  
 Town-ship of ... Bethon  
 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  
**17485**

Registration District No. 300 Registered No. 88  
 (For use of Local Registrar)  
 (No. .... St.; ..... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margaret Cooley

If child is not yet named, make supplemental report as directed  
 BIRTH June 22 1922  
 (Name of Month) (Day) (Year)

3 BOY OR GIRL? Girl 4 Twin or Triplet? No 5 Number in order of birth 1  
 To be answered only in event of Twins or Triplets

6 Are Parents Married? Yes 7 DATE OF BIRTH June 22 1922

**FATHER.**

**MOTHER.**

8 FULL NAME Clarence Cooley  
 9 PRESENT POSTOFFICE OF FATHER Bethon R.F.D. #4  
 10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21  
 12 BIRTHPLACE Bethon, T.S.  
 13 OCCUPATION Farm Tenant  
 14 Number of children born to mother, including present birth 1

14 NAME BEFORE MARRIAGE Justine Anderson  
 15 PRESENT POSTOFFICE OF MOTHER Bethon R.F.D. #4  
 16 COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19  
 18 BIRTHPLACE Anderson G.  
 19 OCCUPATION House wife  
 20 Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) W. J. Lander  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Williamson

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_, 19 \_\_\_\_  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
July 8 1922 (27) Mrs. J. P. Acker  
 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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RECEIVED BY COLUMBIA, COLUMBIA D C  
 PRESTON, No. 1. THE OTHER, No. 2, etc., in question 5