

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of 1st. Stephens

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

29084

Registration District No. 705Registered No. 91
(For use of Local Registrar)

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

(2) Full Name of Child Mary Rebecca Cooper

(3) BOY OR GIRL? <u>G</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 16, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Elizah Cooper(9) PRESENT POSTOFFICE OF FATHER Pineville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Pineville(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Cadde(15) PRESENT POSTOFFICE OF MOTHER Pineville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Pineville(19) OCCUPATION Farm-wife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Satira M. C. Cray(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pineville

Given name added from a supplemental report

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

(27) Filed Sept. 19, 1922 (28) M. C. Fegh. 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.