

MAKING-RESERVED-FOR-EDWING.  
WRITE 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.  
McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Walton</u>		STATE OF SOUTH CAROLINA.		43169	
Township of <u>Walton</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Warr Shoals</u>		Registration District No. <u>2314</u>		Registered No. <u>91</u>	
or				(For use of Local Registrar)	
City of _____		(No. _____)		SL; _____ Ward _____	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Margaret Elizabeth Cooper</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? _____	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 2</u> <u>1915</u>	
		To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Wm. Fletcher Cooper</u>			(14) NAME BEFORE MARRIAGE <u>Miriam Lee Warr</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Warr Shoals</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Warr Shoals</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY _____ (Years)			(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)		
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>mill</u>			(19) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>8</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>6</u> <u>P.</u> M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. J. Jones, M. D.</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Warr Shoals, S. C.</u>					
Given name added from a supplemental report			(26) Witness _____		
_____ 191_____			(Signature of Witness necessary only when question 23 is signed by Mark)		
_____ Registrar			(27) Filed <u>June 6</u> 191 <u>6</u> (28) <u>J. C. Mabry</u> 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.