

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
76457

(1) PLACE OF BIRTH
 County of Clarendon STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of St Marks State Board of Health
 or
 Inc. Town of Registration District No. B10 Registered No. 23
 or
 City of (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 Allie Cooper { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>gn</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>ys</u>	(7) DATE OF BIRTH <u>Sept. 19</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Walter Cooper

(9) PRESENT POSTOFFICE OF FATHER Hartsville

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { ... 3 ...

MOTHER.

(14) NAME BEFORE MARRIAGE Malissa Hayes

(15) PRESENT POSTOFFICE OF MOTHER Fortville

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION W.M.

(21) Number of children of this mother now living, including present birth { ... 3 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:00 M., on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)

(23) (Signature) Walter Cooper
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
, 191.....
 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 25 1911 (28) W. P. Spivey
 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.

MARGIN RESERVED FOR BINDING. 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.