

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. For State Registrar Only	
County of <u>Shannon</u>		STATE OF SOUTH CAROLINA.		42878	
Township of <u>Jannah</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>2014</u>		Registered No. <u>43</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>Conrad Cooper</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</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>Dec 31</u>	(8) (Name of Month) (Day) (Year) <u>1916</u>
FATHER			MOTHER		
(9) FULL NAME <u>Geo. L. Cooper</u>			(14) NAME BEFORE MARRIAGE <u>Cora Jones</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Jannah S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Jannah</u>		
(11) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Jannah S.C.</u>			(17) AGE AT LAST BIRTHDAY <u>26</u>		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Jannah S.C.</u>		
(19) OCCUPATION <u>Housekeeping</u>			(20) Number of children of this mother now living, including present birth <u>4</u>		
(21) Number of children born to mother, including present birth <u>4</u>			(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>11 P.</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)		
(23) (Signature) <u>Amanda Stone</u>			(24) State whether Physician or Midwife <u>Midwife</u>		
(25) Address of Physician or Midwife <u>Jannah S.C.</u>			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
Given name added from a supplemental report			(27) Filed <u>Jan 6</u> 1916 (28) <u>W. H. Poston</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.