

(1) PLACE OF BIRTH

County of CatharineTownship of Ameliaor
Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 800 Registered No. 23

(For use of Local Registrar)

(No. 800 St. 23 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 Elizabeth Cooper (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin yes (5) Number in order of birth 1st (6) Are Parents Married yes (7) DATE OF BIRTH March 8, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William H. Cooper(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1st

MOTHER

(14) NAME BEFORE MARRIAGE Julia Kerlong(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed March 11, 1922 (28) 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.