

1) PLACE OF BIRTH Charleston

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

48372

County of

Township of

or
Inc. Town of

or
City of Charleston S.C. (No. 2 Rose Lane)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9X

Registered No. 130
(For use of Local Registrar)

(2) Full Name of Child Chester Copeland

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH February 4th 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chester Arthur Copeland

(9) PRESENT POSTOFFICE OF FATHER # Rose Lane

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Laurel City S.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth four

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Eva David

(15) PRESENT POSTOFFICE OF MOTHER #2 Rose Lane

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Kingstree S.C.

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at (Born alive or stillborn) 11 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Harvey Scott

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife #64 Calhoun St.

Given name added from a supplemental report

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

(27) Filed 7/7 1914 (28) Local Registrar

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.

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.

WHEN PLACED, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. 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 8.