

(1) PLACE OF BIRTH

County of Henry Co.Township of HaystackInc. Town of HaystackCity of Haystack

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4104

Registration District No 2508 Registered No. 116

(For use of Local Registrar)

(No. 2508 Ward 116)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(1) SEX OR <u>Male</u>	(2) Twin or Triplet <u>No</u>	(3) Number in order of birth <u>1</u>	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>12/11/28</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>W. M. Cooper</u>			(14) NAME BEFORE MARRIAGE <u>Betha Tranger</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Fair Bluff N.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fair Bluff N.C.</u>	
(8) COLOR OR RACE <u>White</u>	(9) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(16) COLOR OR RACE <u>W</u>		
(10) BIRTHPLACE <u>Henry Co.,</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)		
(11) OCCUPATION <u>farmer</u>		(18) BIRTHPLACE <u>Henry Co.,</u>		
(12) Number of children born to mother, including present birth <u>2</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children of this mother now living, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 7 M.
on the date above stated. (Born alive or stillborn: Stillborn P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-
tal report)(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) 12/11/28 (28) W. M. Cooper Local Registrar*When there was no attending physician or midwife, then the father, household head, 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.