

(1) PLACE OF BIRTH

County of Keeshaw
 Township of De Kask
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15430

Registration District No. 2701 Registered No. 92
 (For use of Local Registrar)

(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

James C. Cooper

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

3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets.

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 4, 1922
 (Name of Month) (Day) (Year)

FATHER

8) FULL NAME

Adie L. Cooper

9) PRESENT POSTOFFICE OF FATHER

Lander

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

20
 (Years)

12) BIRTHPLACE

col

13) OCCUPATION

farmer

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

16

(14) NAME BEFORE MARRIAGE

Rosa Patterson

(15) PRESENT POSTOFFICE OF MOTHER

Lander

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

26
 (Years)

(18) BIRTHPLACE

col

(19) OCCUPATION

farmer

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

16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M.
 on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

affide

Midwife

Given name added from a supplemental report

M. B. Woodward

7/11/22

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

May 6, 1922

(28)

H. M. M. 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.