

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Rutherford STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

74743

Township of

or

Inc. Town of

or

City of

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

Registration District No. 4007a Registered No. 223

(For use of Local Registrar)

St.; Ward

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

(2) Full Name of Child

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 9 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Weldon Cooper (14) NAME BEFORE MARRIAGE Maggie Roblin(9) PRESENT POSTOFFICE OF FATHER Hewittville (15) PRESENT POSTOFFICE OF MOTHER Hewittville(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE North Car (18) BIRTHPLACE North Car(13) OCCUPATION Farmer (19) OCCUPATION Housework(20) Number of children born to mother, including present birth Three (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 8:08 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife J. B. Cash

Given name added from a supplemental report

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

(27) Filed Aug 10 1916 (28) J. B. Cash 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.