

(1) PLACE OF BIRTH

County of Anderson
Township of Honea Path

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of HealthFile No. 17537 For State Registrar OnlyInc. Town of Registration District No. 307 Registered No. 69
(For use of Local Registrar)
City of (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.

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

(1) Sex OR <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of twins or triplets	(5) Number in order of birth <u>1</u>	(6) Are <u>Yes</u> Mutilated?	(7) DATE OF BIRTH <u>June 3 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ed Cooley</u>			(14) NAME BEFORE MARRIAGE <u>Matie Chubb</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Honea Path</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Honea Path</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>SC</u>		(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(13) OCCUPATION <u>Mill Oper</u>			(18) BIRTHPLACE <u>SC</u>	
(19) OCCUPATION <u>Drum</u>			(20) Number of children of this mother now living, including present birth <u>6</u>	
(21) Number of children born to mother, including present birth <u>7</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) P. R. Dumas(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Honea Path SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 7 1922 (28) Jennie Braliam Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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