

(1) PLACE OF BIRTH

County of Wm.burg
 Township of Perth
 OF
 Inc. Town of.....
 OF
 City of.....

CERTIFICATE OF BIRTH

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

No. 30526 For State Registrar Use

Registration District No. 4308 Registered No. 81
 (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 Mary Alice Cooper If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 26 1923
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Asy G. Cooper
 (9) PRESENT POSTOFFICE OF FATHER Salters Depot S. C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Wm. burg co. S. C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Candy Viola Taylor
 (15) PRESENT POSTOFFICE OF MOTHER Salters Depot S. C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Wm. burg co. S. C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 2

(21) Number of children born to mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phyllis Purvis

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Salters Depot S. C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 1 1923

(28) P. H. Mosley Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.