

(1) PLACE OF BIRTH

County of Richmond
 Township of Paul
 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

39240

Registration District No. 3102 Registered No. 119

(For use of Local Registrar)

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

(2) Full Name of Child Carley DeBerry If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or 1st child 1st (5) Number in order of birth 1 (6) Are Parents Married Yes DATE OF BIRTH Mar 9 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.

(7) FULL NAME S. L. Hylman Hersey (14) NAME BEFORE MARRIAGE John Cooper(8) PRESENT POSTOFFICE OF FATHER Sumner, S.C. (15) PRESENT POSTOFFICE OF MOTHER No 9(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (16) COLOR OR RACE No 10 (17) AGE AT LAST BIRTHDAY 26
 (Years) (Years)(12) BIRTHPLACE Richmond Co., S.C. (18) BIRTHPLACE No 12(13) OCCUPATION Farmer (19) OCCUPATION Housework(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Richmond Co., S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) D. C. Cooper M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richmond Co., S.C.

Given name added from a supplemental report

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

(27) Filed Nov 24 1922 (28) J. H. King 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.

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WHEN FILLING IN THIS CERTIFICATE, THE REGISTRAR MUST BE PRESENT. IN CASE OF TWIN OR TRIPLE BIRTH, THE REGISTRAR MUST BE PRESENT. IN CASE OF TWIN OR TRIPLE BIRTH, THE REGISTRAR MUST BE PRESENT. IN CASE OF TWIN OR TRIPLE BIRTH, THE REGISTRAR MUST BE PRESENT.