

(1) PLACE OF BIRTH

County of Anderson

Township of .....

Inc. Town of .....

City of .....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

5743

Registration District No. 3 17 Registered No. 76

(For use of Local Registrar)

(2) Full Name of Child Emily Lucile Cooley

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

(3) Female (4) Single (5) Order of birth (6) Are parents married yes (7) DATE OF BIRTH Feb 7, 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. W. Cooley  
(9) PRESENT POSTOFFICE OF FATHER Anderson, S. C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Year)  
(12) BIRTHPLACE Savannah, S. C.  
(13) OCCUPATION Minister  
(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Bernice Williams  
(16) PRESENT POSTOFFICE OF MOTHER Anderson, S. C.  
(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 33 (Year)  
(19) BIRTHPLACE Spartanburg, S. C.  
(20) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) J. O. Plancher

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed (28) 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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