

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Hampton
 Township of Payson
 or
 Inc. Town of Englewood
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18985

Registration District No. 7403Registered No. 21
(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

Edie Copers

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 14 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 2 22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edie Copers(9) PRESENT POSTOFFICE OF FATHER Englewood(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 50
(Years)(12) BIRTHPLACE NC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Fourteen

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jane Brown(15) PRESENT POSTOFFICE OF MOTHER Englewood(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 39
(Years)(18) BIRTHPLACE NC(19) OCCUPATION House Work(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 at 3 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. P. Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Dr. J. P. Jones
(Signature of Witness necessary only when question 23 is signed by mark)(27) File Jan 7 22 (28) J. P. Jones
Registrar 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.