

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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 5.

McCraw, of Columbia.

(1) PLACE OF BIRTH
 County of Laurens
 Township of
 OR
 Inc. Town of Registration District No. 29A
 OR
 City of Laurens (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 Dorothy Cooper { If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
56491

(3) BOY OR GIRL Girl (4) Twin or Triplet? Yes (5) Number in order of birth 1
 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 14 1916
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Harry E. Cooper</u>	(14) NAME BEFORE MARRIAGE <u>Gertrude Poole</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Laurens S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens S.C.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Salem N.C.</u>	(18) BIRTHPLACE <u>Midville N.C.</u>	(13) OCCUPATION <u>Glass Blower</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Chas. H. Humeant Jr.
 (24) State Whether Physician or Midwife (25) Address of Physician or Midwife
Physician Laurens S.C.

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness
 (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Filed Apr 16 1916 (28) Chas. Humeant Jr. 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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