

(1) PLACE OF BIRTH

County of BeaufortTownship of Beaufort

(If Inc. Town of.....)

(If City of.....)

CERTIFICATE OF BIRTH

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

File No. - For State Registrar

17477

Registration District No. 1702 Registered No. 15
(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 Law A. Cooper (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Boy (4) Type or Triplet Single (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14, 1933
(Month of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Law A. Cooper</u>	(14) NAME BEFORE MARRIAGE	<u>Kola Simmons</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Sumner, N.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Sumner, N.C.</u>
(10) COLOR OR RACE	<u>Col</u>	(16) COLOR OR RACE	<u>Col</u>
(11) AGE AT LAST BIRTHDAY	<u>34</u>	(17) AGE AT LAST BIRTHDAY	<u>30</u>
(12) BIRTHPLACE	<u>Sumner, N.C.</u>	(18) BIRTHPLACE	<u>Sumner, N.C.</u>
(13) OCCUPATION	<u>Carpenter</u>	(19) OCCUPATION	<u>Dom.</u>
(20) Number of children born to mother, including present birth	<u>(13)</u>	(21) Number of children of this mother now living, including present birth	<u>(1)</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) [Signature]

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) <u>[Signature]</u>
(27) Filed <u>June 16, 1933</u> (28) <u>[Signature]</u> 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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