

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

71276

(1) PLACE OF BIRTH

County of AndersonTownship of Hallor
Inc. Town ofor
City ofRegistration District No. 306 Registered No. 115
(For use of Local Registrar)(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 Tertrude Cooley } 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 40 (6) Are Parents Married? No (7) DATE OF BIRTH Aug. 22, 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>U. T. Cooley</u>
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER.	<u>Ida</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>21</u>
(12) BIRTHPLACE		(18) BIRTHPLACE	<u>Anderson Co-</u>
(13) OCCUPATION		(19) OCCUPATION	<u>Field hand</u>
(20) Number of children born to mother, including present birth		(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 4 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Julia Clark, scale
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Ida

Given name added from a supplemental report

(26) Witness Mrs. S. M. M.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 25, 1916 (28) S. M. M. Adams 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.

WHEN IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 CHILDREN WITH LETTERS A, B, C, ETC. IN QUESTION 5.
 REGISTERED IN THE OFFICE OF THE REGISTRAR, NO. 1, THE OFFICE, NO. 2, ETC. IN QUESTION 5.
 MADE IN COLUMBIA, S. C.