

MARGIN RESERVED FOR INDEXING.  
 WHITE PLAINLY.—THIS IS A PERMANENT RECORD  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 POSITION.—FIRST, SECOND, THIRD, etc. in question 5.

(1) PLACE OF BIRTH  
 County of Berkley  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**3248**

Registration District No. .... Registered No. 19 .....  
 (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 Elizabeth Cooper If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 10 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

8. FULL NAME Joseph Cooper  
 9. PRESENT POSTOFFICE OF FATHER Oakley  
 10. COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)  
 12. BIRTHPLACE Moncks Corner SC  
 13. OCCUPATION Farmer  
 20. Number of children born to mother, including present birth one

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ira Nelson  
 (15) PRESENT POSTOFFICE OF MOTHER Oakley SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Oakley SC  
 (19) OCCUPATION .....  
 (21) Number of children of this mother now living, including present birth one

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 1:00 A.M. on the date above stated. (Born alive or Stillborn) (M., A., or P. M.)

(23) (Signature) Josephine Middleton  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Oakley SC

Given name added from a supplemental report. (26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 19 ..... (27) Filed 9/14 19 22 (28) Cooper Registrar. Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc. should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of abortions before the fifth month of pregnancy.