

U. S. Dept. of Commerce  
Bureau of the Census

22 049410

1. PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....

or  
City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number) St.; ..... Ward)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-1

FILE No.—For State Registrar Only

01154

Registered No. ....

(For use of Local Registrar)

2. FULL NAME OF CHILD Edna Duncan Cooper { If child is not yet named, make supplemental report as directed.

3. Sex or Girl Girl If Plural births ..... 4. Twin, triplet or other ..... 5. Number, in order of birth ..... 6. Premature ..... 7. Are Parents Married? Yes 8. Date of Birth May 23 1943 (Month, day, year)

9. Full name Moses Walker Cooper FATHER

18. Name before marriage Carrie Duncan MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Columbia

19. Residence (mailing address) (If non-resident, give place and State) Columbia

11. Color or race Colored 12. Age at child's birth 37 (years)

20. Color or race Colored 21. Age at child's birth 31 (years)

13. Birthplace (city or place) (State or country) Columbia, SC

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OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. ....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

16. Date (month and year) last engaged in this work June 1943 17. Total time (years) spent in this work 35

25. Date (month and year) last engaged in this work June 1943 26. Total time (years) spent in this work 25

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ..... months weeks 29. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 2:30 A. on the date above stated. (Born alive or stillborn)

(Signed) Mrs. Carrie Duncan Parent or ..... Guardian

Address Columbia, S.C.

Filed 6-7, 1943. M. B. Woodward, M.D. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)