

Form No. 1

(1) PLACE OF BIRTH

County of HarrellTownship of Stiles

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

69183

Registration District No. 29Registered No. 77
(For use of Local Registrar)(2) Full Name of Child Garson Stewart Cooley

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth 5(6) Are Parents Married? Yes(7) DATE OF BIRTH June 2, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ozzy W. Cooley(9) PRESENT POSTOFFICE OF FATHER Dwight S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 42
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa P. Daring(15) PRESENT POSTOFFICE OF MOTHER Dwight(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House keeping(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 20 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) H. S. Stewart(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Mountain View S.C. #1

Given name added from a supplemental report

....., 191.....

....., 191.....
Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 15, 1916

(28)

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.