

1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

22603

County of Spartanburg

City of Cross Anchor

or Essex

Town of

or

City of

Registration District No. 4003

Registered No. 60  
(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 Nancy Boyd Cooper

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

BOY OR GIRL Girl

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married yes

7) DATE OF BIRTH July 18 20  
(Month of Month) (Day) (Year)

FATHER.

MOTHER.

FULL NAME Thos. Boyd Cooper

14) NAME BEFORE MARRIAGE Nancy Linn

PRESENT POSTOFFICE OF FATHER Essex SC

15) PRESENT POSTOFFICE OF MOTHER Essex SC

COLOR OR RACE white

11) AGE AT LAST BIRTHDAY 86  
(Years)

16) COLOR OR RACE white

17) AGE AT LAST BIRTHDAY 27  
(Years)

BIRTHPLACE Spartanburg Co.

18) BIRTHPLACE Essex Co.

OCCUPATION Grocery Salesman

19) OCCUPATION Domestic

Number of children born to mother, including present birth 2

21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M., on the date above stated. (Born alive or stillborn (Hour, M. or P. M.))

23) (Signature) C. D. Hanna

24) State whether Physician or Midwife

25) Address of Physician or Midwife Essex SC

Given name added from a supplemental report

26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

27) Filed July 18 20

28) C. D. Hanna 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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