

Form No 1.

(1) PLACE OF BIRTH  
 County of Wmatsburg  
 Township of Tobes  
 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

54022

Registration District No. 4301 Registered No. 2220  
 (For use of Local Registrar)  
 City of ..... (No. .... St.; .... Ward)  
 (2) Full Name of Child Wellington Cooper ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or triplet? — (5) Number in order of birth — (6) Are Parents Married? No (7) DATE OF BIRTH MAR 4 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Andrew Johns  
 (9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 18 (Years)  
 (12) BIRTHPLACE Wmatsburg Co., S.C.  
 (13) OCCUPATION farm laborer  
 (14) Number of children born to mother, including present birth { One }

## MOTHER.

(14) NAME BEFORE MARRIAGE Frances Cooper  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 15 (Years)  
 (18) BIRTHPLACE Wmatsburg Co., S.C.  
 (19) OCCUPATION farm laborer  
 (20) 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 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. M. C. Taylor  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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

(27) Filed MAR 10 1916 (28) E. D. Taylor, M.D. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia