

(1) PLACE OF BIRTH

County of Greenville
 Township of Smith
 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.)
 (No. St.; Ward)

(2) Full Name of Child James Cooley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 5 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Cooley
 (9) PRESENT POSTOFFICE OF FATHER Smith Creek
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Venie Cothran
 (15) PRESENT POSTOFFICE OF MOTHER Smith Creek
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Domestic SC
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Stoddard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bohannon SC

Given name added from a supplemental report

(26) Witness

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

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 Registrar

(27) Filed Dec 22 1922 (28) W. A. R. Orr 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

42663

Registration District No. 22.03 Registered No. 59
 (For use of Local Registrar)