

Form No. 3

## (1) PLACE OF BIRTH

County of *Richmond*Township of *Ward*Inc. Town of *Ward*City of *Ward*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.--for State Registrar Only

26839

Registration District No. *703*Registered No. *251*  
(For use of Local Registrar)

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

(2) Full Name of Child *Ezelle Cooper*

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  
To be answered only in event of Twin or Triplet

(6) Sex Parents Married

(7) DATE OF BIRTH

*July 9, 23*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Chas. Cooper*(9) PRESENT POSTOFFICE OF FATHER *Wagner*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *38*  
(Year)(12) BIRTHPLACE *W.C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *9*

## MOTHER.

(15) NAME BEFORE MARRIAGE *Ellen Wood*(16) PRESENT POSTOFFICE OF MOTHER *Wagner*(17) COLOR OR RACE *White*(18) AGE AT LAST BIRTHDAY *38*  
(Year)(19) BIRTHPLACE *W.C.*(20) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *8*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* *at 6 P.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Lizzy Dammar*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Wagner*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Sept 24, 1923*

(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.