

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH

County of Georgetown
Township of No. 2
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28387

Registration District No. 2101 Registered No. 381
(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 Lula Bertie Cooper If child is not yet named, make supplemental report as directed

(3) ~~SEX~~ GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 25-28
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME David Cooper
(9) PRESENT POSTOFFICE OF FATHER Georgetown, S.C.
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 22
(12) BIRTHPLACE Georgetown, S.C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 2

MOTHER
(14) NAME BEFORE MARRIAGE Isabel Bedne
(15) PRESENT POSTOFFICE OF MOTHER Georgetown, S.C.
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 21
(18) BIRTHPLACE Georgetown, S.C.
(19) OCCUPATION Housewife
(20) 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 born alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Anna Furness
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Georgetown, S.C.

Given name added from a supplemental report

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

(27) Filed Oct 9-23 (28) A. J. Fulton Local Registrar.

(29) Filed Sept 20-25 (30) W. S. Dady Local Registrar.

When there is a supplemental report, it must not be reported as stillborn, No. 1, before the first month of pregnancy.