

## (1) PLACE OF BIRTH

County of AndersonTownship of Biltonor  
Inc. Town of T.City of Anderson

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 300

File No. — For State Registrar Only

13560Registered No. 33  
(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 Willie Clyde Cooley

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

To be answered only in event of Twin or Triplet

BIRTH May 7<sup>th</sup> 22  
(Month) (Day) (Year)

## FATHER

(8) FULL NAME

Cornell Cooley

(9) PRESENT POSTOFFICE OF FATHER

Bilton SC

(10) COLOR

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

Anderson SC

(13) OCCUPATION

farming

(20) Number of children born to mother, including present birth

1

## MOTHER

(14) NAME BEFORE MARRIAGE

Lula Mae Sullivan

(15) PRESENT POSTOFFICE OF MOTHER

Bilton SC

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

Bilton SC

(19) OCCUPATION

farming

(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 born alive or stillborn at 3 A.M. on the date above stated. (How) (M. or P. M.)

(23) (Signature)

(24) State, whether Physician or Midwife

Dallas GarfieldAnders

Given name added from a supplemental report

(25) Witness

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

(26) Registrar

May 22 (m) Mrs. J. P. Aciker 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.