

(1) PLACE OF BIRTH

County of AndersonTownship of Wesclaw

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.)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 2 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Jessie Copps</u>	(14) NAME BEFORE MARRIAGE <u>Ida Orr</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Richmond R.F.D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Richmond R.F.D.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

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 10 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) <u>One [Signature]</u>	(25) Address of Physician or Midwife <u>Richmond R.F.D.</u>
(24) State whether Physician or Midwife <u>Physician</u>	

Given name added from a supplemental report

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

(27) Filed Dec 6 1922 (28) Local Registrar J. J. Fleming

*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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