

## (1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

City of Columbia

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

(2) Full Name of Child Margaret Louise 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 16, 1923  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Jessie Franklin Cooper(14) NAME BEFORE MARRIAGE Rosie Mae Hicks(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(15) PRESENT POSTOFFICE OF MOTHER Columbia(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Columbia S.C.(18) BIRTHPLACE Urbington Va.(13) OCCUPATION Septile(19) OCCUPATION H.U.(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. H. H. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

P. 2412 Preston St

Given name added from a supplemental report

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

(27) Filed Mar. 10, 1923 (28) J. H. H. H. Registrar

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.