

(1) PLACE OF BIRTH

County of Newberry
 Township of No.
 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
21969

Registration District No. 340.8 Registered No. 57
 (For use of Local Registrar)

(2) Full Name of Child Bachman Cooper (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet To be answered only in event of Twin or Triplet	5. Number in order of birth <u>1</u>	6. Sex <u>Male</u>	7. DATE OF BIRTH <u>July 8, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>James Cooper</u>			14. NAME BEFORE MARRIAGE <u>Lillie Caldwell</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Newberry S.C.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Newberry S.C.</u>	
10. COLOR OR RACE <u>Black</u>			17. AGE AT LAST BIRTHDAY <u>19</u> (Years)	
11. AGE AT LAST BIRTHDAY <u>22</u> (Years)			16. BIRTHPLACE <u>Newberry S.C.</u>	
12. BIRTHPLACE <u>Newberry S.C.</u>			18. OCCUPATION <u>Farmer laborer</u>	
13. OCCUPATION <u>Farmer laborer</u>			19. Number of children of this mother now living, including present birth <u>2</u>	
20. Number of children born to mother, including present birth <u>2</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn: (Date: July 8, 1923 A.M., P.M. or P.M.))
 on the date above stated.

(23) (Signature) James A. Cooper (24) Address of Physician or Midwife
 (24) State whether Physician or Midwife Newberry S.C.

Give name added from a supplemental report

(25) Witness (Signature of witness necessary only when question 22 is signed by mark)
S. S. Cunningham

(27) Filed July 17, 1923 (28) S. S. Cunningham 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.

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