(1) PLACE OF BIRTH

County of Abbeville

Township of Smithville

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

62829

Registration District No. 110 Registered No. 17

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child James Allen Cooper (If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 14 19 6 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Josiah Cooper

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Farmer

(13) OCCUPATION Abbeville Co S.C.

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Towner

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Greenwood S.C.

(19) OCCUPATION house wife

(21) 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 alive (Born alive or stillborn) at ..... M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Amanda Comfort

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed June 20 19 6 (28) R. B. Jones
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCAW of COLUMBIA, COLUMBIA, S. C.