

(1) PLACE OF BIRTH  
County of Winthrop  
Township of Andover  
or  
Inc. Town of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**37950**

Registration District No. 4303 Registered No. 5  
(For use of Local Registrar)

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

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

(3) SEX OR BOY (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Nov. 12, 1923  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Samuel Wilson  
(9) PRESENT POSTOFFICE OF FATHER Rocky Mt N.C.  
(10) COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY 20 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Day Laborer  
(14) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Valery Cooper  
(15) PRESENT POSTOFFICE OF MOTHER Cades S.C.  
(16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION House wife  
(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 alive at ..... M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Alice Brown  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
midwife Cooper

Given name added from a supplemental report

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

(27) Filed Dec. 1, 1923 (28) J. B. Lovett 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.