

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

30493

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Irene Emma Cooper

If child is not yet named, make supplemental report as directed

3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH

Sept 4, 1923

(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME

Calvin R. Cooper

9) PRESENT
POSTOFFICE
OF FATHER

Cooper

(10) COLOR
OR
RACE

B

(11) AGE AT LAST
BIRTHDAY

37

12) BIRTHPLACE

S.C.

13) OCCUPATION

farmer

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

3

MOTHER.

(14) NAME BEFORE
MARRIAGE

Mrs. F. H. H. H.

(15) PRESENT
POSTOFFICE
OF MOTHER

Cooper

(16) COLOR
OR
RACE

B

(17) AGE AT LAST
BIRTHDAY

30

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Wife

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

(23) (Signature)

Alice Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report

(26) Witness

Calvin R. Cooper

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

(27) Filed

Sept 15, 1923

(28)

C. C. Daniel

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.