

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 3

(1) PLACE OF BIRTH

County of Laurens
Township of Marion
or
Inc. Town of
or
City of Canton

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

15571

Registration District No. 29B Registered No. 44

(For use of Local Registrar)

(No. Canton Street 2 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Stewart Blake Copeland (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 8, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Guy Hunter Copeland

(9) PRESENT POSTOFFICE OF FATHER Cartersville Ga

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Laurens Co. S.C.

(13) OCCUPATION Conductor (Railway)

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

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Stewart

(15) PRESENT POSTOFFICE OF MOTHER Cartersville Ga

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Ninety Six S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 a.m. on the date above stated.
(Born alive or stillborn; (Hour A. M. or P. M.))

(23) (Signature) Lee G. Gentry
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Canton S.C.

Given name added from a supplemental report

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

(27) Filed June 6, 1922 (28) L. M. P. Gentry 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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R.M.
P.M.)

Dr. G.
C.

FR.
FD.