

(1) PLACE OF BIRTH
 County of Walthamburg
 Township of Indian
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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

File No.—For State Registrar Only
47634

(2) Full Name of Child Mathew 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 Jan. 19 1916
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Arthur Cooper</u>	(14) NAME BEFORE MARRIAGE <u>Josephine Wilson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Not</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Not</u>		
(10) COLOR OR RACE <u>B</u>	(16) COLOR OR RACE <u>B</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Home</u>	(18) BIRTHPLACE <u>Home</u>		
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Home</u>		
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now livin 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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mathew Cooper

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan. 28 1916 (28) C. C. Lomil 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.