

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of Columbia S.C.(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
No. Baptist Hospital St. .... Ward) .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16467

(2) Full Name of Child Jess. Daniel Hicks 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 1

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH May 2, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME William Orman Cooper(9) PRESENT  
POSTOFFICE  
OF FATHER 2013 Bull St.(10) COLOR  
OR  
RACE white(11) AGE AT LAST  
BIRTHDAY 27  
(Years)(12) BIRTHPLACE  
Tennessee County(13) OCCUPATION  
Traveling Salesman(20) Number of children born to  
mother, including present birth 1

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Ida May Hicks(15) PRESENT  
POSTOFFICE  
OF MOTHER 2013 Bull St.(16) COLOR  
OR  
RACE white(17) AGE AT LAST  
BIRTHDAY 19  
(Years)(18) BIRTHPLACE  
Columbia S.C.(19) OCCUPATION  
Housewife(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 born alive at 7:20 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. D. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
M. D. 130 Daniel St.Given name added from a supplemen-  
tal report

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Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 5/26, 1922 (28)

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.  
If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.