

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
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

File No.—For State Registrar Only

16802

Registration District No. 4008 Registered No. 136
(For use of Local Registrar)(2) Full Name of Child John T. Cooper If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 9, 1941</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Cooper(9) PRESENT POSTOFFICE OF FATHER W. R. Wright, D.C.(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE D.C.(13) OCCUPATION Mill op(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Johnson(15) PRESENT POSTOFFICE OF MOTHER W. R. Wright, D.C.(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE D.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 1 P.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) J. T. Cooper, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston, 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 May 25, 1941 (28) C. F. Parker
Registrar 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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AFFIDAVIT

Name of child: Robert Cecil Cooper
Mother: Kate Johnson
Father: John Cooper
Date of birth: May 9, 1922
Place of birth: Arkwright, S.C.
Registrar: E.F. Parker
Physician: W.P. Coan, M.D.
Race: White

STATE OF South Carolina
COUNTY OF Spartanburg

Personally appeared before me Mrs. Kate Cooper

who first being duly sworn says that she is the Mother
of Robert Cecil Cooper, who was born at Arkwright, S.C.
on May 8, 1922, 19.....; that the birth records in the office of the Clerk of
Court for Spartanburg County, South Carolina, are deficient in the following manner, to-wit:
That Full Name of Child does not appear in the birth records
which should be Robert Cecil Cooper; further that the date of birth
appears as May 9, 1922, which should be May 8, 1922,
that this affidavit is made for the purpose of correcting the errors as herein stated.

Sworn to before me this 28th
day of March, 1941

Mrs. Kate Cooper

[Signature]
Notary Public for S. C.