

MARGIN RESERVED FOR INDEXING.  
WRITED 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 5.  
PLANS OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Charleston*  
Township of *St. Phillips*  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

Registration District No. *909* Registered No. *173*  
(For use of Local Registrar)

File No. For State Registrar Only  
**88866**

(2) Full Name of Child

(No. *7* Mile  
St.; ..... Ward)

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

*Regina 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? *yes* (7) DATE OF BIRTH *Dec. 18, 1916*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Robert Cooper (dead)*

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE *Col.* (11) AGE AT LAST BIRTHDAY..... (Years)

(12) BIRTHPLACE *Williamsburg Co.*

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE *Clara*

(15) PRESENT POSTOFFICE OF MOTHER *U. S. Navy Yard*

(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY..... *40 (about)* (Years)

(18) BIRTHPLACE *Kingstree S. C.*

(19) OCCUPATION *Washwoman*

(20) Number of children born to mother, including present birth *3* (21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *Sallie Smalls*

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

*Midwife 7 Mile*

Given name added from a supplemental report

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

(27) Filed *Jan. 1, 1916* (28) *C. T. Myers* 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.