

WRITE PLAINLY. WITH A PENCIL 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 2

(1) PLACE OF BIRTH
 County of Greenwood
 Township of Walnut Grove
 OF
 Inc. Town of Huger, S.C. R#3
 or
 City of Huger, S.C. R#3 (No. 2314)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 File No.—for State Registrar Only
4155
 Registered No. 10
 (For use of Local Registrar)
 St. Ward

(2) Full Name of Child James Whelan 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 case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jul 21 23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>A.F. Cooper</u>	(14) NAME BEFORE MARRIAGE <u>Ruby Mumph</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Huger R#3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Huger #13</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Huger R#3</u>	(16) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>25-</u> (Year)
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Year)	(18) BIRTHPLACE <u>Louisa Co</u>	(18) BIRTHPLACE <u>Louisa Co</u>
(12) BIRTHPLACE <u>Louisa Co</u>	(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>housewife</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
(20) Number of children born to mother, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Winchester

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

(27) Filed 19 (28) [Signature] Local Registrar

(Given name added from a supplemental report)

*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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