CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 4403

(1) PLACE OF BIRTH

County of Greenville

Township of .....

or

Inc. Town of .....

or

City of .....

Registration District No. 2209B Registered No. 62 (For use of Local Registrar)

(No. 3 Stratham St.; ..... Ward)

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

(2) Full Name of Child Grace Electra Cooper — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? — To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 28 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Wm Fredrick Cooper	(14) NAME BEFORE MARRIAGE	Mamie King
(9) PRESENT POSTOFFICE OF FATHER	Greenville	(15) PRESENT POSTOFFICE OF MOTHER	Greenville
(10) COLOR OR RACE	W	(16) COLOR OR RACE	W
(11) AGE AT LAST BIRTHDAY (Years)	36	(17) AGE AT LAST BIRTHDAY (Years)	27
(12) BIRTHPLACE	Greenville	(18) BIRTHPLACE	Greenville
(13) OCCUPATION	Salesman	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	3	(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 (Born alive or stillborn) at 44 o'a M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Eugene Brown

(24) State whether Physician or Midwife: M

(25) Address of Physician or Midwife: Greenville

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 1 1922 (28) Wm. Miller 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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McCAW OF COLUMBIA, COLUMBIA, S. C.

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.