

(1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

City of Columbia

(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

36220

Registration District No. 384 Registered No. 1834

(For use of Local Registrar)

(No. 1416 Hampton St.; ..... Ward)

(2) Full Name of Child Samuel Weinkberg If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Take answer only in case of twins or triplets (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 19, 1902 (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Samuel E. Cooper

(14) NAME BEFORE MARRIAGE Rose Weinkberg

(9) PRESENT POSTOFFICE OF FATHER Columbia

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33 (Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Salmon

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(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 at 6:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Samuel Cooper

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

1416 Hampton

Given name added from a supplemental report

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

(27) Filed 11-5-1902 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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MARGIN RESERVED FOR BINDING. WRITE 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.

McClaw of Columbia