

(1) PLACE OF BIRTH

County of Charleston
 Township of Charleston
 or
 Inc. Town of Charleston
 or
 City of Charleston
 (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

29260

1397

Registration District No. 9ARegistered No.
(For use of Local Registrar)

(2) Full Name of Child

Cornelia Anne Cleop
 (No. 71 Cooper St.; Ward)
 If child is not yet named, make supplemental report as directed

3. BOY OR GIRL?

Inf

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

Sept 19 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Walter Edward Cleop
71 Cooper

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

28
(Years)

12. BIRTHPLACE

Char. S.C.

13. OCCUPATION

Firmman

MOTHER.

14. NAME BEFORE MARRIAGE

Edna R. Wiman

15. PRESENT POSTOFFICE OF MOTHER

71 Cooper St

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

26
(Years)

18. BIRTHPLACE

Drumuck S.C.

19. OCCUPATION

Home duties

20. Number of children born to mother, including present birth

5

21. Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:20 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

9/25/22

19

(28) Merced 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.

Registrar.

Landor M.D.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 MORGAN OF COLUMBIA, COLUMBIA, S. C.