

(1) PLACE OF BIRTH

County of Williamburg
 Township of Bethlehem
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 10-For State Registrar
44337

Registration District No. 42.2 Registered No. 3
 (For use of Local Registrar)

(No. 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 Verda Odell Cooper If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 27 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Sidney Cooper</u>	(14) NAME BEFORE MARR. <u>Ball Cooper</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Bethlehem</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Bethlehem</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Year)	(12) BIRTHPLACE <u>Williamburg Co</u>	(18) COLOR OR RACE <u>White</u>
(12) BIRTHPLACE <u>Williamburg Co</u>	(14) OCCUPATION <u>Farmer</u>	(16) BIRTHPLACE <u>Williamburg Co</u>	(18) OCCUPATION <u>House Wife</u>
(16) Number of children born to mother, including present birth <u>1</u>	(20) Number of children of this mother now living, 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 Alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sylvina Smith (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bethlehem

Given name added from a supplemental report

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

(27) Filed Jan 5 1924 (28) A. P. H. H. H. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.