

Form No. 1

(1) PLACE OF BIRTH

County of LourenTownship of Ward

OF

Inc. Town of

OF

City of Ward

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

(2) Full Name of Child Joseph Addison Cooper(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Oct 2 - 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert M Cooper(9) PRESENT POSTOFFICE OF FATHER Ward Louren S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28(12) BIRTHPLACE Louren Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Eunice May Cooper(15) PRESENT POSTOFFICE OF MOTHER Louren S.C. R.F. #4(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 21(18) BIRTHPLACE Anderson(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 2:30 P.M.(23) (Signature) W. H. Workman(24) State South Carolina Physician or Midwife(25) Address of Physician or Midwife Ward Louren S.C.

Given name added from a supplemental report

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

(27) W. H. Workman 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.

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.

Revised by Columbia, Columbia, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35290

Registration District No. 2807Registered No. 75
(For use of Local Registrar)St.; Ward

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth

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