

## (1) PLACE OF BIRTH

County of ClarendonTownship of Manningor  
Inc. Town of .....or  
City of .....(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 Roberta 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 Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Jan 20 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ben Cooper(9) PRESENT POSTOFFICE OF FATHER Manning S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40  
(Year)(12) BIRTHPLACE Clarendon Co(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Hettie Cooper(15) PRESENT POSTOFFICE OF MOTHER Manning S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40  
(Year)(18) BIRTHPLACE Clarendon Co(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 14(21) Number of children of this mother now living, including present birth 14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carolina Chatham(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Manning S.C.

Given name added from a supplemental report

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

(27) Filed June 11 1923 (28) W. J. White Local RegistrarWhen there was no attending physician or midwife, when 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.