

Form No. 1

## (1) PLACE OF BIRTH

County of FlorenceTownship of Ramothor  
Inc. Town of .....or  
City of .....

(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

42497

Registration District No. 2.01.6 Registered No. 41  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

## (2) Full Name of Child

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 25 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME W. J. Cooper(9) PRESENT POSTOFFICE OF FATHER Hyman S.C.R. 2(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE Hammerburg, R. I. S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Addie Abrams(15) PRESENT POSTOFFICE OF MOTHER Hyman S.C.R. 2(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Year)(18) BIRTHPLACE Leo S.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 M.,  
(Born alive or stillborn) (Hour A.M. or P.M.)  
on the date above stated.(23) (Signature) Mrs W. W. McElister(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hyman S.C.R. 2

Given name added from a supplemental report

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

(27) Filed Dec 30 22 (28) W. H. Roston Local RegistrarWhen 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.