

## (1) PLACE OF BIRTH

County of Winthrop  
 Township of Bridge  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

1950

Registration District No. 4309 Registered No. 18  
 (For use of Local Registrar)

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

(2) Full Name of Child Ada 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) Age of child at birth yes (7) DATE OF BIRTH June 1, 1923  
 (Month of birth) (Day) (Year)

FATHER.  
 (8) FULL NAME Sam Cooper  
 (9) PRESENT POSTOFFICE OF FATHER Cadez S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Year)  
 (12) BIRTHPLACE Winthrop Co.  
 (13) OCCUPATION Farmer  
 (14) NAME BEFORE MARRIAGE Lea. Read  
 (15) PRESENT POSTOFFICE OF MOTHER Cadez S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Year)  
 (18) BIRTHPLACE Winthrop Co. S.C.  
 (19) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1  
 (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 at..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Cooper  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cadez S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. L. Cooper  
 (27) Filed June 10, 1923 (28) Local Registrar W. L. Cooper

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.

U.S. DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, FORM NO. 1, FIRST EDITION, 1923. THIS FORM IS PRINTED BY THE GOVERNMENT PRINTING OFFICE, WASHINGTON, D. C.