(1) PLACE OF BIRTH

County of Greenville

Township of Grove

or

Inc. Town of ..... Registration District No. 22 Registered No. 38 (For use of Local Reistrar)

or

City of ..... (No. ..... St.; ..... Ward)

(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
21138

(2) Full Name of Child Sarah R Cooper } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? W | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? Yes | (7) DATE OF BIRTH- July 5 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER		MOTHER	
(8) FULL NAME	Jim Cooper	(14) NAME BEFORE MARRIAGE	Mary Pridmore
(9) PRESENT POSTOFFICE OF FATHER	Piedmont R4	(15) PRESENT POSTOFFICE OF MOTHER	Piedmont R4
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	45	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	S C	(18) BIRTHPLACE	S C
(13) OCCUPATION	Farming	(19) OCCUPATION	Farmer S C
(20) Number of children born to mother, including present birth	9	(21) Number of children of this mother now living, including present birth	9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. W. Campbell

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Piedmont S C

Given name added from a supplemental report

..... 193....

..... Registrar

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

(27) Filed July 25 1923. (28) J. L. Bell 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.

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