

(1) PLACE OF BIRTH

County of Dobsonville
Township of Magness
or
Inc. Town of Cathlamet
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
62825

Registration District No. 109 Registered No. 64
(For use of Local Registrar)
St.; Ward

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 14 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Arthur Cooper
(9) PRESENT POSTOFFICE OF FATHER Cathlamet S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Cathlamet S.C.
(13) OCCUPATION mill operator
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Ellie Bonister
(15) PRESENT POSTOFFICE OF MOTHER Cathlamet S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Whitwell Co. S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 2

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) H. H. Tate (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cathlamet S.C.

Given name added from a supplemental report
..... 191.....
..... Registrar

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

(27) Filed June 14 1916 (28) H. H. Tate 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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