

(1) PLACE OF BIRTH

County of DobsonvilleTownship of MaynardsInc. Town of Calhoun FallsCity of Calhoun Falls

(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
62825Registration District No. 109Registered 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 ✓

To be answered only in case of Twin or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)
June 14 1916

(8) FULL NAME

James Arthur Cooper

(9) PRESENT POSTOFFICE OF FATHER

Calhoun Falls S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

20 (Years)

(12) BIRTHPLACE

Dobsonville S.C.

(13) OCCUPATION

mill operator

(20) Number of children born to mother, including present birth

Two

(14) NAME BEFORE MARRIAGE

Ellie Bonister

(15) PRESENT POSTOFFICE OF MOTHER

Calhoun Falls 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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at Calhoun Falls on the date above stated.(Hour A. M. or P. M.)
1 9 M.(23) (Signature) Dr. J. L. Tate

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Calhoun Falls S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed June 14 1916(28) H. L. Pounce 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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