

(1) PLACE OF BIRTH

County of Florence
 Township of Cains
 or Town of Pamplico
 or S.C.
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3834

Registration District No. 2001Registered No. 18
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

(2) Full Name of Child

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

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet To be answered only in event of Twin or Triplet	5. Number in order of birth	6. Are Parents Married <u>yes</u>	7. DATE OF BIRTH <u>Feb 7 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>James Claud Copeland</u>			14. NAME BEFORE MARRIAGE <u>Archie B. Cozmes</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Pamplico S.C.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Pamplico S.C.</u>	
10. COLOR OR RACE <u>white</u>			16. COLOR OR RACE <u>white</u>	
11. AGE AT LAST BIRTHDAY <u>37</u> (Years)			17. AGE AT LAST BIRTHDAY <u>35</u> (Years)	
12. BIRTHPLACE <u>S.C.</u>			18. BIRTHPLACE <u>S.C.</u>	
13. OCCUPATION <u>Policeman</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>Seven</u>			21. Number of children of this mother now living, including present birth <u>Six</u>	

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) (M. or P. M.)

(23) (Signature) W. H. Pastor(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife

Pamplico S.C.

Give name added from a supplemental report

(26) Witness

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

(27) Date Feb 12 1923(28) W. H. Pastor

(29) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must be reported as stillborn. No report is desired of stillborns before the sixth month of pregnancy.

If a child breathes even once