

(1) PLACE OF BIRTH

County of FlorenceTownship of Gain

Inc. Town of

City of

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

25955

Registration District No. 7. S. A. 1 Registered No. 62
(For use of Local Registrar)(2) Full Name of Child Rosa Cooper If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 29, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(3) FULL NAME Samuel Cooper(9) PRESENT POSTOFFICE OF FATHER Crum(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 19
(Years)(12) BIRTHPLACE La.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Sledge(15) PRESENT POSTOFFICE OF MOTHER Crum(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE La.(19) OCCUPATION housewife(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 alive at 6 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. P. Cotton
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Crum, La.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 10, 1922 (28) W. H. P. Cotton
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.