

(1) PLACE OF BIRTH

County of Horry

Township of

OR

Inc. Town of

OR

City of Sumner

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

30133

Registration District No. 20-A Registered No. 229
(For use of Local Registrar)(No. 20 St. 1 Ward)

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

(2) Full Name of Child Walter Theophilus Cooper (Name of child not yet named; make supplemental report as directed)(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie J. Cooper(9) PRESENT POSTOFFICE OF FATHER Sumner SC.(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Sumner SC.(13) OCCUPATION Clerk - grocery(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Wagners' Nucky(15) PRESENT POSTOFFICE OF MOTHER Sumner SC.(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Augusta Ga.(19) OCCUPATION Domestic(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 1 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. P. Rhodes(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Sumner SC.

Given name added from a supplemental report

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

(27) Filed Sept 18 1922 (28) P. H. Brigham 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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