

(1) PLACE OF BIRTH

County of Marietta

Township of

Inc. Town of Mullins or
or

City of

(No. St.; Ward)
(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
86560Registration District No. 3.2.B. Registered No. 150
(For use of Local Registrar)(2) Full Name of Child Hannah Betha Cooper { If child is not yet named, make supplemental report as directed

(3) BOY GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 19, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME John A. Cooper(9) PRESENT POSTOFFICE OF FATHER Mullins, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE Mullins, S.C.(13) OCCUPATION merchant(20) Number of children born to mother, including present birth { 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Betha(15) PRESENT POSTOFFICE OF MOTHER Mullins, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Lillon, S.C.(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth { 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:20 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. A. Smith M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Mullins, 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 11/28, 1916 (28) L. E. Rogers
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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OTHER, No. 2, ETC., in question 8.