

Form No. 1

(1) PLACE OF BIRTH

County of FairlingtonTownship of Larnamor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

29858

Registration District No. 15-08Registered No. 162
(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 Daisy 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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 18, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wallace Cooper

(9) PRESENT POSTOFFICE OF FATHER Larnam

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 26
(Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Emmie Howell

(15) PRESENT POSTOFFICE OF MOTHER Larnam

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 24
(Year)

(18) BIRTHPLACE SC

(19) OCCUPATION House duties

(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 alive at 11 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miley Cooper(24) State whether Physician or Midwife (25) Address of Physician or Midwife Larnam SC

Given name added from a supplemental report

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

(27) Filed Oct 2, 22 (28) R. J. Chaplin
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 required of stillbirths before the fifth month of pregnancy.