

FORM NO. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

(1) PLACE OF BIRTH *Dec. Florence*
 County of *Dec. Dec.*
 Township of *Kingburg*
 or
 Inc. Town of *Kingburg*
 or
 City of *Kingburg* (No. *2013* St. *14* 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
55876

(2) Full Name of Child *James Cooper* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parent Married?	(7) DATE OF BIRTH <i>April 13</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>Vander Cooper</i>			(14) NAME BEFORE MARRIAGE <i>Gather Stone</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Kingburg</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Kingburg</i>	
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>36</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>28</i> (Years)	
(12) BIRTHPLACE <i>Kingburg</i>			(18) BIRTHPLACE <i>Kingburg</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Farmer</i>	
(20) Number of children born to mother, including present birth <i>5</i>			(21) Number of children of this mother now living, including present birth <i>5</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) *William J. Bostick*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Camden, S. C.*

(26) Witness *J. J. Bostick* (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Nov 3 1916* (28) *Chas. R. Lee* Local Registrar

Given name added from a supplemental report
Nov 3 1916
Chas. R. Lee 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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