

Form No. 10. MARGEN RESERVED FOR BINDER. WHITE PLAINES, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—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.

(1) PLACE OF BIRTH  
 County of Spartanburg  
 Township of .....  
 Town of Aikwright Registration District No. 4008 Registered No. 397  
 City of ..... (No. .... St.: .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
 44718

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

(3) ~~BOY~~ OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH March 31, 1915  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter T Cooper  
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE Spartanburg Co.  
 (13) OCCUPATION Cotton Mill Operative  
 (20) Number of children born to mother, including present birth Five (5)

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Frey  
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE Spartanburg Co.  
 (19) OCCUPATION Wife  
 (21) Number of children of this mother now living, including present birth Four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
 on the date above stated. (Born alive or stillborn) (M. or P. M.)  
 (23) (Signature) W. W. B. B.  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Spartanburg

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 Jan 4 1916 (28) C. F. Parker 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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