

(1) PLACE OF BIRTH
County of Lincoln
Township of
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
22145

Registration District No. 2005 Registered No. 40
(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 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH July 5, 1922
(Month) (Day) (Year)

FATHER.
(8) FULL NAME Louwayne Cooper
(9) PRESENT POSTOFFICE OF FATHER Florence
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth One

MOTHER.
(14) NAME BEFORE MARRIAGE Ethel Reese
(15) PRESENT POSTOFFICE OF MOTHER Florence S. C.
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Florence S. C.
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Laura Cooper (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 118639, Florence

Given name added from a supplemental report
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..... 19 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) July 13, 1922 (28) C. C. Craft 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.