

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of Yorkville
 or
 City of Yorkville

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

File No.—For State Registrar Only
20543

Registration District No. 440 Registered No. 35
 (For use of Local Registrar)

City of Yorkville (No. 1 of 1 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 14 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Thomas E. Cooper
 (9) PRESENT POSTOFFICE OF FATHER Yorkville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Handmill operative
 (20) Number of children born to mother, including present birth Two

MOTHER.
 (14) NAME BEFORE MARRIAGE Eulilla Harris
 (15) PRESENT POSTOFFICE OF MOTHER Yorkville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 120 M., on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature) V. J. L. L. L.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Yorkville S.C.

Given name added from a supplemental report

(26) Witness A. L. P.
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 5/12/22 (28) 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.