

Form No. 1

(1) PLACE OF BIRTH

County of SummervilleTownship of Coastal

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

5431

Registration District No. Registered No.
(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 Essie 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 8, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Max Cooper(9) PRESENT POSTOFFICE OF FATHER Truro, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Lindel(15) PRESENT POSTOFFICE OF MOTHER Truro, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Morris (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Truro, S.C.

(Given name added from a supplemental report)

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

(27) Filed 10 (28) H. J. Canlin 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.

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 1.

Section of Columbia, S. C.