

## (1) PLACE OF BIRTH

County of BambergTownship of 3 miles

Inc. Town of .....

City of .....

(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

No. 2897 For State RegistrarRegistration District No. 404Registered No. 25  
(For use of Local Registrar)

## (2) Full Name of Child

Edward Jackson Copeland

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy(4) Twin or Triplet No(5) Number in order of birth 4th(6) Are Parent Married Yes

(7) DATE OF BIRTH

Feb 6 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lucius King and Copeland(9) PRESENT POST OFFICE OF FATHER Edinburg S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE Edinburg S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Roberta King(15) PRESENT POST OFFICE OF MOTHER Edinburg S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Year)(18) BIRTHPLACE Edinburg S.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 6:40 M., on the date above stated. (Hour M. or P. M.)(22) (Signature) Dr. J. H. King(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Edinburg S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed Feb 7 1923(27) W. H. King

When there was no attending physician or midwife, then the father, householder, etc., should make a report if a child breathes even once, it must not be reported as stillborn. No report is desired before the fifth month of pregnancy.

DO NOT WRITE IN THESE SPACES