

(1) PLACE OF BIRTH

County of WilliamstonTownship of Indianor
Inc. Town ofCity of Hemingway

(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

File No. — For State Registrar Only

54042

Registration District No. 4303 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child

Bernice C. L.

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?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets			<u>Dec 1 1914</u> (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cain Cooper(9) PRESENT POSTOFFICE OF FATHER Hemingway(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Four 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Cooper(15) PRESENT POSTOFFICE OF MOTHER Hemingway(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION Working at home(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 a live at 4 o'clock on the date above stated. (Born alive or stillborn) (Hour am or P. M.)

(23) (Signature) (25) Address of Physician or Midwife

(24) State whether Physician or Midwife

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 Mar 10 1914 (28) S. S. Daniel 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH 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 5.