(1) PLACE OF BIRTH

County of Lumter

Township of Mayesville

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
19301

Registration District No. 4102 Registered No. 39
(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 Schwartz Cooper (If child is not yet named, make supplemental report as directed)

(3) Sex of Child: Boy
(4) Twin or Triplet?
(5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH: Apr 26 1923 (Month) (Day) (Year)

FATHER.

(8) FULL NAME: Irvin Cooper
(9) PRESENT POSTOFFICE OF FATHER: Mayesville SC
(10) COLOR OR RACE: W
(11) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: SC
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 2

MOTHER

(14) NAME BEFORE MARRIAGE: Susie Pope
(15) PRESENT POSTOFFICE OF MOTHER: Mayesville SC
(16) COLOR OR RACE: W
(17) AGE AT LAST BIRTHDAY: 27 (Years)
(18) BIRTHPLACE: SC
(19) OCCUPATION: Housewife
(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M. (Born alive or stillborn) (P. A. M. or P. M.) on the date above stated.

(23) (Signature) Bettie Alexander
(24) State whether Physician or Midwife: midwife
(25) Address of Physician or Midwife: Mayesville SC

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

(26) Witness .....
(Signature of Witness necessary only when question 11 is signed by mark)

(27) Filed May 7 1923 (28) C. A. Coohn
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.