

(1) PLACE OF BIRTH

County of Florham.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

No. 24469

Township of

or
Inc. Town of Timmonsville..Registration District No. 24.15 Registered No. 56
(For use of Local Registrar)City of (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 Emma Frances Cooper..... If child is not yet named, make supplemental report as directed

(1) SEX OR GAIL? <u>Girl</u>	(4) Twin or Triplet?	(3) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 4, 1923</u> (Name & Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Thomas Sylvester Cooper</u>			(14) NAME BEFORE MARRIAGE <u>Lilly Emma Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Timmons</u> ville S.C.			(15) PRESENT POSTOFFICE OF MOTHER <u>Timmons</u> ville S.C.	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>North Carolina</u>			(18) BIRTHPLACE <u>Timmons</u> ville S.C.	
(13) OCCUPATION <u>Automobile Mechanic</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth { <u>6</u> }			(21) Number of children of this mother now living, including present birth { <u>3</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who born alive... 3 P.M.... M.
on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. H. Nelson.....

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Timmons

Given name added from a supplement
report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Aug 9, 1923 (28) R. H. Nelson.....
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.