

## (1) PLACE OF BIRTH

County of WillamingtonTownship of Osition

Inc. Town of .....

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

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Nov. 17, 1923 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas Cooper(9) PRESENT POSTOFFICE OF FATHER Cooper(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Sara Mc Knight(15) PRESENT POSTOFFICE OF MOTHER Cooper(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION School Teacher(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at 9 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Melvin Mc Knight(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cade S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 5, 1923 (28) J. B. Lovell 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.