

(1) PLACE OF BIRTH

County of

Township of

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

41802

Registration District No. 13.12

Registered No. 57

(For use of Local Registrar)

(No. 11)

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

Not named

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

10/2

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Horton Cooper

(9) PRESENT POSTOFFICE OF FATHER

York, D.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Florence Cooper

(15) PRESENT POSTOFFICE OF MOTHER

York, S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

34

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

6

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.....st.....M., on the date above stated.

(23) (Signature)

Richard Cooper

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date

10/10

St. 2

(28)

Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.