

1/13/29

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
38363

(1) PLACE OF BIRTHCounty of Fl. FlorenceTownship of TrinelleOF
Inc. Town ofOF
City ofRegistration District No. 2015Registered No. 92
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(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
To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 7, 1929
(Name of Month) (Day) (Year)**FATHER.**

(8) FULL NAME

Dock Cooper

(9) PRESENT POSTOFFICE OF FATHER

Trinelle

(10) COLOR OR RACE

Col.(11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE

Fl. Florence Co

(13) OCCUPATION

Laborer

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

1**MOTHER.**

(14) NAME BEFORE MARRIAGE

Mary Ann McCall

(15) PRESENT POSTOFFICE OF MOTHER

Trinelle

(16) COLOR OR RACE

Col.(17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE

Fl. Florence Co

(19) OCCUPATION

Domestic

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

1**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**(22) I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 22, 1929 (28) P. H. Gilsen
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 UNFADING INK—THIS IS A PERMANENT RECORD. 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.