

(1) PLACE OF BIRTH

County of Henry

Township of

Loc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19511

Registration District No. 34-11 Registered No. 83-
(For use of Local Registrar)City of Atlanta (No. St.; Ward)
If child is born in a hospital or other institution, give name of same instead of street and number.)2. Full Name of Child Arnold Arvus Copeland Jr. If child is not yet named, make supplemental report as directed(4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 23 1951
(Name of Month) (Day) (Year)

FATHER.

NAME Arnold Arvus CopelandRESIDENT Newbury StCOLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49 (Years)BIRTHPLACE Clinton S COCCUPATION MerchantNumber of children born to father including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Ora Shipp(15) PRESENT POSTOFFICE OF MOTHER Newbury St(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Savannah County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:02 p M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edward S. Mours

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

Physician Newbury St

Given name added from a supplemental report

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

(27) Filed July 1st 1951 (28) Ed. Arvus Copeland 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.

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