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Spartanburg
4-16-42

Standard Certificate of Birth

FILED 22 050425 Only

1. PLACE OF BIRTH
County of Spartanburg
Township of "
or
Inc. Town of "
or
City of "
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
(No. 99 S. Liberty St.; _____ Ward)

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD Lester LeRoy Cooper
(If child is not yet named, make supplemental report as directed)

3. Boy or Girl Boy If Plural Births _____ 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term Yes 7. Are Parents Married? Yes 8. Date of Birth Sept. 15, 1922 (month, day, year)

9. Full name Paul Welton Cooper FATHER 10. Residence (mailing address) 99 S. Liberty St. (If non-resident, give place and State) 11. Color or race W 12. Age at child's birth 27 (years) 13. Birthplace (city or place) Laurens, S. C. (State or country) 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver 15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Textile 16. Date (month and year last engaged in this work) _____ 17. Total time (years) spent in this work _____ 18. Name before marriage Mattie Elvira Smith MOTHER 19. Residence (mailing address) 99 S. Liberty St. (If non-resident, give place and State) 20. Color or race W 21. Age at child's birth 30 (years) 22. Birthplace (city or place) Laurens, S. C. (State or country) 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House-wife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home 25. Date (month and year last engaged in this work) _____ 26. Total time (years) spent in this work _____

18. Name before marriage _____ MOTHER 19. Residence (mailing address) _____ (If non-resident, give place and State) 20. Color or race _____ 21. Age at child's birth _____ (years) 22. Birthplace (city or place) _____ (State or country) 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year last engaged in this work) _____ 26. Total time (years) spent in this work _____

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27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date _____
(Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____ (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplementary report _____ (Date of) _____

(Signed) W. R. P. P. P., M. D.

or _____ Midwife

Address Spartanburg

Filed 4/16/42, 19 _____
Registrar

J. W. Puffer, Director of Vital Statistics
Spartanburg County, S. C. By: R. R. P.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number each, in order of birth, stated.

(See instructions on Back of Certificate)