

original mailed to BVS, Columbia for filing
 filed BVS, Spartanburg
 4-16-42

1. PLACE OF BIRTH, Columbia for filing
 Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. _____ Registered No. _____
 County of Spartanburg
 Township of " _____
 or " _____
 Inc. Town of " _____
 or " _____
 City of " _____ (No. 99 S. Liberty St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

FILED 22 050425 Only

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

3. Boy or Girl Girl 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 47 18. Name before marriage Mattie Eloise Suttle MOTHER 52

10. Residence (mailing address) 99 S. Liberty St. (If non-resident, give place and State) 19. 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) 20. Color or race W 21. Age at child's birth 30 (years)

13. Birthplace (city or place) Laurens, S.C. (State or country) 22. Birthplace (city or place) Laurens, S.C. (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Weaver</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>House-wife</u>
	15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>Textile</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year last) engaged in this work _____ 19 _____		25. Date (month and year) last engaged in this work _____ 19 _____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

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 3:30 A 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 2:35 P M. on above date 100 Silver Nitrate (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.)

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

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

or _____ Midwife Address _____

Filed 4/16/42, 19 _____ Registrar J. W. Puffer

J. W. Puffer, Director of Vital Statistics
 Spartanburg County, S.C. By: B.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)