

Form No. 1

(1) PLACE OF BIRTH

County of ClarendonTownship of Santeeor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
6603Registration District No. 1313 Registered No. 6
(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 Mary Joe Cooper

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

1 SEX OR GUILD <u>girl</u>	2 Twin or Triplet To be answered only in case of Twin or Triplet	3 Number in order of birth	4 Are Parents Married <u>Yes</u>	5 DATE OF BIRTH <u>Feb 11, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

6 FULL
NAME W. J. Cooper

7 PRESENT
POSTOFFICE
OF FATHER Lewis Station, S.C.

8 COLOR
OR
RACE Negro (11) AGE AT LAST
BIRTHDAY 30
(Years)

9 BIRTHPLACE Clarendon Co.

10 OCCUPATION Farmer

12 Number of children born to
father, including present birth Three

MOTHER.

13 NAME BEFORE
MARRIAGE Mary Pearson

14 PRESENT
POSTOFFICE
OF MOTHER Lewis Station, S.C.

15 COLOR
OR
RACE Negro (17) AGE AT LAST
BIRTHDAY 21
(Years)

16 BIRTHPLACE Clarendon Co.

18 OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M.
(on the date above stated.) (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Nelson

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

Midwife Lewis Station, S.C.Give name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb 24, 1923 (28) A. J. White
Registrar Local RegistrarWhen 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