

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4309

File No.—For State Registrar Only

4330

Registered No. 33

(For use of Local Registrar)

(2) Full Name of Child

Alexander Cooper

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

No

(5) Number in order of birth

1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Sept 1, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Alexander Cooper

(9) PRESENT POSTOFFICE OF FATHER

Cades 210

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

32

(12) BIRTHPLACE

Winstar Co

(13) OCCUPATION

Farm Tenant

(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

2

MOTHER.

(15) NAME BEFORE MARRIAGE

Lizzie Lee

(16) PRESENT POSTOFFICE OF MOTHER

Cades 210

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

26

(19) BIRTHPLACE

Winstar Co S.C.

(20) OCCUPATION

Farm hand

(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 (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Gennie McLean

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Cades 210

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

Sept 10, 1923

(28) 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.