

(1) PLACE OF BIRTH

County of Laurens
 Township of Flat Gap
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only

4120

Registration District No. 2503Registered No. 118
(For use of Local Registrar)

(No. St.) Ward)

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

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet L (5) Number in order of birth L (6) Sex yes (7) DATE OF BIRTH Dec. 26, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. Garford Cook
 (9) PRESENT RESIDENCE OF FATHER Taxahaw S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49

(12) BIRTHPLACE Laurens Co. S.C.

(13) OCCUPATION Merchant

(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Marney
 (15) PRESENT RESIDENCE OF MOTHER Taxahaw S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40

(18) BIRTHPLACE Laurens Co. S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born Alive or Stillborn) (Year A. M. or P. M.) 1046

(22) (Signature) J. R. Bell m.d.(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Taxahaw S.C.

Given name added from a supplemental report

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(25) Witness (Signature of Witness necessary only when question 21 is signed by mother)

(26) Filed Jan 3, 1924 (27) Local Registrar J. C. Nelson

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.