

(1) PLACE OF BIRTH

County of James
 Township of Sumner
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

4750

Registration District No. 3504Registered No. 73
(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 Mildred Cooks If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH 7 2 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Milford C. Cooks(9) PRESENT POSTOFFICE OF FATHER Newry, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Ins. Agr.(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Viola Smith(15) PRESENT POSTOFFICE OF MOTHER Newry, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Ins. Agr.(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:19 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Newry, S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed in haste)

(27) Filed 3/10/23

(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.