

(1) PLACE OF BIRTH

County of AndersonTownship of Coker

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3.04 Registered No. 107

(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 Margaret Cook If child is not yet named, make supplemental report as directed(3) SEX OR GENDER girl (4) Type of Birth ✓ (5) Number in order of birth ✓ (6) Are Parents Married yes (7) DATE OF BIRTH Nov. 13, 1919 (Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Edmond Cook(9) PRESENT POSTOFFICE OF FATHER Iva S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 18 (19)(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION merchant(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Vivian Pruitt(15) PRESENT POSTOFFICE OF MOTHER Iva S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (19)(18) BIRTHPLACE Anderson Co. S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Olga V. Pruitt (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Anderson S.C.

(Given name added from a supplemental report)

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

(26) Filed Nov 20, 1919 (27) Local Registrar

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 stillbirths before the fifth month of pregnancy.

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