

Form No 1.

(1) PLACE OF BIRTH

County of Harry
Township of Bayboro
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

90322

Registration District No. 2500 Registered No. 214
(For use of Local Registrar)

City of (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 Earnest L. Hooks If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE BIRTH <u>Dec 10</u> 19 <u>14</u> (Name of Month) (Day) (Year)
(8) FATHER. FULL NAME <u>P. Q. Hooks</u>			(14) MOTHER. NAME BEFORE MARRIAGE <u>M. Harris</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bayboro SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bayboro SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Harry Co</u>			(18) BIRTHPLACE <u>Harry</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth { <u>1</u> }			(21) Number of children of this mother now living, including present birth { <u>1</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. E. G. [Signature]
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bayboro SC

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Dec 24 1914 (28) J. W. [Signature] 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Caw, of Columbia.