

(1) PLACE OF BIRTH

County of Green

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2906

No. for State Registrar Only

24825

Registered No. 116
(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 Emile Foster Cook If child is not yet named, make supplemental report as directed

1) SEX OF CHILD

2) TIME OF BIRTH

3) NUMBER OF CHILDREN

4) ARE PARENTS MARRIED

5) DATE OF BIRTH 7/15/23
(Month of Birth) (Day) (Year)

FATHER

6) FULL NAME

Emile Foster Cook

7) PRESENT POSTOFFICE OF FATHER

Colleton S.C.

8) COLOR OR RACE

white

9) AGE AT LAST BIRTHDAY

24
(Year)

10) BIRTHPLACE

Greenwood C. S.C.

11) OCCUPATION

mill worker

12) Number of children born to mother, including present birth

15

MOTHER

13) NAME BEFORE MARRIAGE

Kate Morgan Seigler

14) PRESENT POSTOFFICE OF MOTHER

Colleton S.C.

15) COLOR OR RACE

white

16) AGE AT LAST BIRTHDAY

21
(Year)

17) BIRTHPLACE

Highfield C. S.C.

18) OCCUPATION

housewife

19) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) Filed

Sept. 10, 1923(26) W. H. Brooks 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.

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