

(1) PLACE OF BIRTH

County of RichlandTownship of Unionor
Inc. Town ofor
City of(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12061

Registration District No. 1407.0 Registered No. 70
(For use of Local Registrar)(2) Full Name of Child Mary Cook If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Feb 4 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mary Cook(9) PRESENT POSTOFFICE OF FATHER Union(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 7
(Years)(12) BIRTHPLACE Richland(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Stanley(15) PRESENT POSTOFFICE OF MOTHER Union(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 2
(Years)(18) BIRTHPLACE Richland(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6:4 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. W. Painter

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Richland

Given name added from "supplemental report"

(25) Witness

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

(26) Filed 1/4

1923.

(27)

W. W. Painter
Local RegistrarWhen 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.