

(1) PLACE OF BIRTH

County of Cherokee

Township of Cheraw

Inc. Town of

City of (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

45796

Registration District No. 1201 Registered No. 3
(For use of Local Registrar)

(2) Full Name of Child Henry Hook { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 20 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Timothy Hook
(9) PRESENT POSTOFFICE OF FATHER Cheraw S. C.
(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 21
(12) BIRTHPLACE Cheraw township
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Mamie Thomas
(15) PRESENT POSTOFFICE OF MOTHER Cheraw S. C.
(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE Ridgeway, S. C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. J. S. Sanders

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cheraw S. C.

Given name added from a supplemental report

(26) Witness J. Swannaker Jr.
(Signature of Witness necessary only when question 23 is signed by male)

(27) Filed Jan 20 1916 (28) P. B. Ingram
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.

MARGIN RESERVED FOR BINDING.

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.

State of Columbia