

Form No 1.

(1) PLACE OF BIRTH

County of *Cherokee*Township of *Cheraw*

Inc. Town of

City of

(2) Full Name of Child *Henry Hooks*

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)

City of (No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? *Boy*

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Jan. 20*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Timothy Hooks

(9) PRESENT POSTOFFICE OF FATHER

Cheraw S. C.(10) COLOR OR RACE *C*(11) AGE AT LAST BIRTHDAY *21*

(Years)

(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*

(Years)

(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 *Normal* at *8:30* P. M. (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

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

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*midwife**Cheraw S. C.*

Given name added from a supplemental report

(26) Witness

Edw. J. Sanders

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

(27) Filed *Jan 20 1916*

(28)

P. B. Langram

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.

Caw. of Columbia