

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 1.

(1) PLACE OF BIRTH

County of Greenville

Township of

or
 Inc. Town of

or
 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

No. 24536 For State Registrar

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

(No. 137 Dunbar St.; Ward)

(2) Full Name of Child John A. Stephen Hooks

If child is not yet named, make supplemental report as directed

(3) SEX OR boy (4) Type boy (5) Marital 24 (6) DATE OF BIRTH Aug. 25, 25
 (Name of child) (Day) (Year)

FATHER.

(8) FULL NAME George F. Hooks

(9) PRESENT RESIDENCE OF FATHER 127 Dunbar St

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 37
 (Year)

(12) BIRTHPLACE N. C.

(13) OCCUPATION Painter

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Martin

(15) PRESENT RESIDENCE OF MOTHER same

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 29
 (Year)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
 on the date above stated.

(23) (Signature) John A. Hill

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed (28)
 Registrar 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.

Fifth month of pregnancy

AN'S DRUG STORE, 130 SOUTH MAIN ST.
GREENVILLE, S. C.
Phones 18 and 19

Child's name corrected
from - John Franklin Hooke
to
John Stephen Hooke.

M. D.

Office

License No.