

## (1) PLACE OF BIRTH

County of Greenwood

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

File No.—For State Registrar Only

4475

Registration District No. 2306Registered No. 20  
(For use of Local Registrar)

## 2) Full Name of Child

Iris Poge Hooker

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

(Name of Month) (Day) (Year)

Feb. 14, 1922

## FATHER.

(8) FULL NAME

Iris Walter Hooker

(9) PRESENT POSTOFFICE OF FATHER

Greenwood R.D. 6

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Greenwood Co. S.C.

(13) OCCUPATION

Farmer

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

2nd

## MOTHER.

(14) NAME BEFORE MARRIAGE

Beatrice E. E. E.

(15) PRESENT POSTOFFICE OF MOTHER

Greenwood R.D. 6

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Greenville Co. S.C.

(19) OCCUPATION

Domestic

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

1-2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:45 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. P. G. E. E. E.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness

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

(27) Filed Mar. 10, 1922(28) A. R. 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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