

(1) PLACE OF BIRTH

County of NewberryTownship of No. 4or
Inc. Town of Whitmineor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

39478

Registration District No. 3402 Registered No. 138
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child William Ernest Cook 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? No (7) DATE OF BIRTH Nov. 13, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth {.....}

MOTHER.

(14) NAME BEFORE MARRIAGE Corie Cook(15) PRESENT POSTOFFICE OF MOTHER Whitmine, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17
(Year)(18) BIRTHPLACE Spartanburg Co. S.C.(19) OCCUPATION Cotton mill operative.

(21) Number of children of this mother now living, including present birth {.....}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William B. Thomas(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitmine, S.C.

Given name added from a supplemental report

(Ernest)

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

(27) Filed 19 (28) 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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