

(1) PLACE OF BIRTH

County of York
 Township of King
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2695

Registration District No. 4302Registered No. 17
(For use of Local Registrar)

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

(2) Full Name of Child Sissasia Cooper

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 12 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Cook
 (9) PRESENT POSTOFFICE OF FATHER Winnsboro
 (10) COLOR White (11) AGE AT LAST BIRTHDAY 44 (Year)
 (12) BIRTHPLACE York
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Sanders
 (15) PRESENT POSTOFFICE OF MOTHER Winnsboro
 (16) COLOR White (17) AGE AT LAST BIRTHDAY 29 (Year)
 (18) BIRTHPLACE York
 (19) OCCUPATION Farmer
 (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 at 330 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Sanders(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Winnsboro S.C.

Given name added from a supplemental report

(26) Witness W. C. Sanders
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed Jan 12 1922 (28) W. C. Sanders 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.

THIS IS A PERMANENT RECORD.
 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.
 See also of Columns, Columns, S. C.