

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Hoodland  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19335

Registration District No. H/AS Registered No. 45  
 (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 Mary Cook If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married? Yes (6) DATE OF BIRTH June 23, 1923  
 (State of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Augusta Cook  
 (9) PRESENT POSTOFFICE OF FATHER Orange S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
 (Year) (12) BIRTHPLACE S.C.

(13) OCCUPATION

Farmer

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

13

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary McMillen  
 (15) PRESENT POSTOFFICE OF MOTHER Orange S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
 (Year) (18) BIRTHPLACE S.C.

(19) OCCUPATION

Housewife

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

13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Boris Peterson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeOrange S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

June 28, 1923

(28)

J.B. Raffield

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