

MARGIN RESERVED FOR BINDING.
 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 5.

(1) PLACE OF BIRTH

County of Anderson
 Township of Dalhousie
 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

22737

Registration District No. 2701

Registered No. 149
(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 Alveter Cook

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 June 27, 1925
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Cook
 (9) PRESENT POSTOFFICE OF FATHER Cummins River
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40
 (12) BIRTHPLACE Mo
 (13) OCCUPATION farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Martha L. Jones
 (15) PRESENT POSTOFFICE OF MOTHER Cummins River
 (16) COLOR OR RACE Yes (17) AGE AT LAST BIRTHDAY 38
 (18) BIRTHPLACE at home Mo
 (19) OCCUPATION making out a home
 (20) Number of children born to mother, including present birth 1 1 1
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Amos A. Walker
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mo

Given name added from a supplemental report

L. A. Piser, M.D.
10/6/44 13
 Registrar

(26) Witness A. L. B. Jones
 (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.