

(1) PLACE OF BIRTH

County of SpokaneTownship of Washington

Inc. Town of

City of Brucet

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

Registration District No. 4009

No. for State Register Card

5303

Registered No. 16
(For use of Local Registrar)(2) Full Name of Child Harry Ted Cook

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

(a) SEX OR ONLY Boy

(b) TYPE OF TUBES

(c) NUMBER IN ORDER OF BIRTH

(d) AGE IN MONTHS 40

(e) DATE OF BIRTH

(Name of Month) (Day) (Year) Feb 21 1923

FATHER.

(1) FULL NAME Harry M. Cook(2) PRESENT RESIDENCE OF FATHER Fountain Inn S.C.(3) COLOR OR RACE white(4) AGE AT LAST BIRTHDAY 27 (Years)(5) BIRTHPLACE Fountain Inn S.C.(6) OCCUPATION Farmer

MOTHER.

(7) NAME BEFORE MARRIAGE Stella Jones(8) PRESENT RESIDENCE OF MOTHER Fountain Inn S.C.(9) COLOR OR RACE white(10) AGE AT LAST BIRTHDAY 27 (Years)(11) BIRTHPLACE Brucet S.C.(12) OCCUPATION Domestic

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

One

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was

(Date given as stillborn) (Hour A. M. or P. M.) Spine 10:00 A.M.

on the date above stated.

(16) (Signature) Dr. H. H. Jones

(17) State whether Physician or Midwife

(18) Address of Physician or Midwife Brucet S.C.

Given name added from a supplemental report

(19) Witness

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

(20) Signed John L. Boyer(21) Date Feb 1 1923

(22) 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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