

MARGIN RESERVED FOR INDEXING.
WHITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and make the
No. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		4044	
Township of <u>Georgetown</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Shelton S.C.</u>		State Board of Health			
City of <u>Shelton S.C.</u>		Registration District No. <u>1900</u>		Registered No. <u>6</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Maggie Cookrell</u>		If child is not yet named, make supplemental report as directed			
3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>no</u>	7) DATE OF BIRTH <u>Feb 20 1922</u>	
To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
8) FULL NAME <u>Majors Hally</u>			14) NAME BEFORE MARRIAGE <u>Hannah Cookrell</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Blackstairs S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Blackstairs S.C.</u>		
10) COLOR OR RACE <u>Col.</u>			16) COLOR OR RACE <u>Col.</u>		
11) AGE AT LAST BIRTHDAY <u>50</u>			17) AGE AT LAST BIRTHDAY <u>21</u>		
(Years)			(Years)		
12) BIRTHPLACE <u>Charleston Co</u>			18) BIRTHPLACE <u>Georgetown</u>		
13) OCCUPATION <u>Laborer</u>			19) OCCUPATION <u>Laborer</u>		
20) Number of children born to mother, including present birth <u>One</u>			21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>female</u> at <u>7 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)					
(23) (Signature) <u>Mary H. Thompson</u>			(25) Address of Physician or Midwife <u>Charleston R.H.</u>		
(24) State whether Physician or midwife <u>Midwife</u>					
Given name added from a supplemental report			(26) Witness <u>Mrs. G. W. Fancette</u>		
			(Signature of witness necessary only when question 23 is signed by mark)		
19 <u>Feb 20 1922</u> Registrar			(27) Filed <u>Feb 20 1922</u> 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.					