

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH IN FADING INK—THIS IS A PERMANENT RECORD.

X. 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 1.

Form of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH  
 County of Cherokee  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 1a.—For State Registrar Only  
**17053**

Registration District No. 109 Registered No. 142  
 (For use of Local Registrar)

(2) Full Name of Child ..... If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married No (7) DATE OF BIRTH June 14 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Belvin Cook  
 (9) PRESENT POSTOFFICE OF FATHER Pacolet S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27  
 (Year) (12) BIRTHPLACE Spokane Co. S.C.  
 (13) OCCUPATION Teacher  
 (14) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Eva Tate  
 (15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18  
 (Year) (18) BIRTHPLACE Pearson City N.C.  
 (19) OCCUPATION Teacher  
 (20) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:40 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. B. Hughes M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

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

(27) Filed 7/10 1923 (28) W. F. L. L. L. 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.

\*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.