

Form No. 1

1. PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18399

Registration District No. 112.3

Registered No. 82  
(For use of Local Registrar)

(No. St.; Ward)

2. Full Name of Child

Boyd Worth Cook

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

3. SEX

4. Twin or Triple?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

June 7, 1927

FATHER.

8. FULL NAME

Runkert Cook

9. PRESENT POST OFFICE OF FATHER

Nicholas S. C.

10. COLOR OR RACE

white

11. AGE AT LAST BIRTHDAY

33

12. PLACE OF BIRTH

Fuller Co. S. C.

13. OCCUPATION

Farmer

14. NAME BEFORE MARRIAGE

Martha Higgins

15. PRESENT POST OFFICE OF MOTHER

Nicholas S. C.

16. COLOR OR RACE

white

17. AGE AT LAST BIRTHDAY

27

18. BIRTHPLACE

N. C.

19. OCCUPATION

Housewife

20. Number of children born to mother, including present birth

Two

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

Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... M., in the date above stated. (Born alive or stillborn) (Day, Month, &amp; Year)

(22) (Signature)

N. E. Lester - M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added (from a supplemental report)

(26) Witness

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

(27) Filed

6/17-27

(28)

Local Registrar.

I, the attending physician or midwife, hereby certify that the father, householder, etc., should make this return as soon as possible after the birth of the child, and that it should be reported as stillborn. No report is desired or allowed before the fifth month of pregnancy.