

(1) PLACE OF BIRTH

County of Laurins
 Township of Locals
 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

43273

Registration District No. 2901Registered No. 146
(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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 17 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harley Cook
 (9) PRESENT POSTOFFICE OF FATHER Cowings SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
 (12) BIRTHPLACE Laurins Co SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Claudia Vaughn
 (15) PRESENT POSTOFFICE OF MOTHER Cowings SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE Yemassee Co SC
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. V. Pace(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Gray Court

Given name added from a supplemental report

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

(27) Filed Jan 6 1923 (28) H. C. Mahon 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.