

No. 1

PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

79291

City of *Partonburg*  
County of *Darlington*  
Town of *Darlington*Registration District No. *4006* Registered No. *133*  
(For use of Local Registrar)(No. *1* St. *10* Ward *6*)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.Full Name of Child. *R. Ophus Cook* If child is not yet named, make supplemental report as directed(4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *No* (7) DATE OF BIRTH *Sept. 10, 1916*  
(Name of Month) (Day) (Year)

## FATHER.

NAME *Not Known*PRESENT POSTOFFICE *Not Known*(11) AGE AT LAST BIRTHDAY *None* (Years)BIRTHPLACE *Not Known*MIGRATION *Not Known*Number of children born to father, including present birth *8*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lula Cook*(15) PRESENT POSTOFFICE OF MOTHER *White Stone B.C.*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *Not Known* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *House Keeper*(21) Number of children of this mother now living, including present birth *8*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *Alice* at *8* *A.M.* (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) *P. C. Cook*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness *M. H. Brown* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *9/20/16* (28) *M. H. Brown* Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.