

(1) PLACE OF BIRTH

County of LaurensTownship of Waterlooor  
Inc. Town of .....or  
City of .....

(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

File No.—For State Register Only

44037

Registration District No. 2907 Registered No. 2

(For use of Local Registrar)

(No. .... St. .... Ward)

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

(2) Full Name of Child Greene Cook(3) BOY OR GIRL? Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? ☒ (7) DATE OF BIRTH Dec 15

(Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Mary Brown(15) PRESENT POSTOFFICE OF FATHER Waterloo, K(16) COLOR OR RACE Cauc (17) AGE AT LAST BIRTHDAY 24(18) BIRTHPLACE Idaho(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1(21) 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 as live on the date above stated. (Near A. M. or P. M.)(23) (Signature) J. D. Danner(24) State whether Physician or Midwife (25) Address of Physician or Midwife Waterloo

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 9 191... (28) 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.

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McCook, of Columbia

Given name added from a supplemental report

101...

Registrar