

(1) PLACE OF BIRTH

County of Chesler  
 Township of Chesler  
 or  
 Inc. Town of.....  
 or  
 City of..... (No. .... St.; ..... Ward)

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. - For State Registry Only  
**3627**

Registration District No. 1107 Registered No. 25  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 16, 22  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME James Clayton Hooks  
 (9) PRESENT POSTOFFICE OF FATHER Baldwin mill Chesler, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)  
 (12) BIRTHPLACE Union Co. N.C.  
 (13) OCCUPATION Divisior. Mice -  
 (20) Number of children born to mother, including present birth 15

MOTHER.  
 (14) NAME BEFORE MARRIAGE Effie Newsome  
 (15) PRESENT POSTOFFICE OF MOTHER Baldwin mill Chesler, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE Union Co. N.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:05 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) D. M. Thyle (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chesler, S.C.

Given name added from a supplemental report: \_\_\_\_\_  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mother) \_\_\_\_\_  
 (27) Filed Mar. 6, 1922 (28) W. H. Steadman 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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RECORD OF BIRTHS ON TRIPLETTS, use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.

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