

1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Anderson
 Township of Rocky Spring
 OR
 Inc. Town of _____
 OF
 City of _____ (No. _____ St.; _____ Ward)
 (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 Registrar Only
9715

Registration District No. 214 Registered No. 23
 (For use of Local Registrar)

(2) Full Name of Child _____ (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 March 13, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Geo W Cook
 (9) PRESENT POSTOFFICE OF FATHER Wagener, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 67
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER.
 (14) NAME BEFORE MARRIAGE Effie Fulmer
 (15) PRESENT POSTOFFICE OF MOTHER Wagener, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 10. 22.
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) M. A. Whitlock, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Hutchings Mills St.

Given name added from a supplemental report _____
 (26) Witness (Signature of Witness necessary when question 22 is signed by father)
CPV 30. 19 22 (27) 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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