

Form No 1.

## (1) PLACE OF BIRTH

County of YorkTownship of Columbia

or

Inc. Town of Rockville

or

City of Rockville

(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

Department of Vital Statistics

State Board of Health

Registration District No. 644B

File No.—For State Registration Only

50764

Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child Lillian A. Cook

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

(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 6, 1906

(If parents are in care of State Board of Health)

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME M. H. Cook(9) PRESENT POSTOFFICE OF FATHER Rockville, Md.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.

(13) OCCUPATION

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

## MOTHER

(14) NAME BEFORE MARRIAGE Emma Cook(15) PRESENT POSTOFFICE OF MOTHER Rockville, Md.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S.C.

(19) OCCUPATION

(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 born alive or stillborn at 7 P.M. on the date above stated. (Hour) (M. or P.M.)(23) (Signature) M. H. Cook (24) State of South Carolina (25) Address of Physician or Midwife Father

Given name added from a supplement

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

(27) Date 2/7/1906 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report, and a child breathe was then, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

MARGIN RESERVED FOR BINDING.

SPRINGS PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
No. 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.

City of Columbia