

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or Jackson
 Inc. Town of Jackson
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42697

Registration District No. 2209A Registered No. 548
 (For use of Local Registrar)

(No. 27-3A St.; Ward)

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

(2) Full Name of Child Vernon Louis Cook (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Bo (4) Twin or Triplet? No (5) Number in order of birth 24 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 26 21
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A J Cook
 (9) PRESENT POSTOFFICE OF FATHER Greenville SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27
 (Year) (12) BIRTHPLACE SC
 (13) OCCUPATION Light work
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Vach's Truly
 (15) PRESENT POSTOFFICE OF MOTHER Greenville SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21
 (Year) (18) BIRTHPLACE SC
 (19) OCCUPATION Domestic
 (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 at 7:00 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be born, or else a stillbirth. No report is desired of stillbirths before the first month of pregnancy.