

PLACE OF BIRTH

City of Saluda

County of _____

or
Town of Saludaor
St. _____Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

9021-A

Registered No. _____

(For use of Local Registrar)

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

St. _____ Ward _____

FULL NAME OF CHILD Thurmond Cookrell

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

Sex—Male

If Plural

4. Twin, triplets or other _____

6. Premature _____

7. Are Parents _____

8. Date of birth

March 16, 1922

5. Number, in order of birth _____

Full term _____

Married? Yes

(Month, day, year)

FATHER

Name Bennie Cookrell

Residence (usual place of abode)

(If non-resident, give place and State) Saluda, S.C.Color or race White12. Age at last birthday 29 (Years)

Place (city or place)

Saluda

(State or country)

S.C.

Trade, profession, or particular

kind of work done, as spinner,

lawyer, bookkeeper, etc.

Industry or business in which

work was done, as silk mill,

sawmill, bank, etc.

Date (month and year) last

engaged in this work

19. Life

Total time (years)

engaged in this work

Number of children of this mother

Time of birth and including this child

(a) Born alive and now living 1

(b) Born alive but now dead _____

(c) Stillborn 0

Stillborn,

Time of gestation _____

(months

weeks

29. Cause of stillbirth _____

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 P m. on the date above stated.

(Born alive or stillborn)

If there was no attending physician

then the father, householder,

must make this return.

Signed from _____

Medical report _____

(Date of)

Registrar _____

(Signed

J. P. Rice

M. D.

or

Address Saluda, S.C.

Midwife

Filed _____

19 _____

Registrar _____