

I, J. H. HALL, sworn, do hereby certify that Cookinon who, being duly sworn, deposes that she is a resident of the City of Charleston County and State aforesaid; that she is the father mother of Frank C. Cookinon.

who was born on July 8th 1925 20 P.M. in the City of Charleston, State and County aforesaid; that she has given the answers set forth in the within Return of Birth and that the same are true and correct.

CM Cookinon

SWORN to before me this

Eight day of Sept

1930 A.D.

S. C. Brown

Notary Public.

No. 3

PLACE OF BIRTH

City of Charleston

Township of _____

or _____

City of _____

City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

20063 A

Registered No. _____

(For use of Local Registrar)

No. 209 KingSt. 4

Ward _____

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

Full Name of Child Frank Constantine Cockinos

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

BOY OR
GIRL
MALE4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married? Yes

7. DATE OF BIRTH

July 8 1923

(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER

FULL NAME Constantine K. CockinosPRESENT
POSTOFFICE
OF FATHER 209 King StCOLOR
OR
RACEWhite11. AGE AT LAST
BIRTHDAY 47

(Years)

BIRTHPLACE

Nisbyros Island

OCCUPATION

MerchantNumber of children born to
father, including present birth 2

MOTHER

14. NAME BEFORE
MARRIAGE Irene N. Zapetis15. PRESENT
POSTOFFICE
OF MOTHER 209 King St.16. COLOR
OR
RACEWhite17. AGE AT LAST
BIRTHDAY 37

(Years)

18. BIRTHPLACE

Nisbyros Island

19. OCCUPATION

Housewife21. Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

2.20P.M.

I hereby certify that I attended the birth of this child, who was alive at 2.20P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)Dr. Frasier Wilson

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Name added from a supplemental report

26. Witness

(Signature of Witness necessary only
when question 25 is signed by mark)Sept. 19, 1930 Ema G. Pregnall

27. Filed

19

28. Sub

Local Registrar

19
Registrar

MADE ON AT INVITE OF MOTHER

S. A. F. E. T. Y. A. F. L. M.