

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
71096

(1) PLACE OF BIRTH
 County of Aiken
 Township of Myrtles
 Inc. Town of _____
 or _____
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 208 Registered No. 11
 (For use of Local Registrar)
 (2) Full Name of Child Clarence Cook } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>to be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 11, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER. (8) FULL NAME <u>Hiram Cook</u> (9) PRESENT POSTOFFICE OF FATHER <u>Earle, S.C. R. F.D. 1.</u> (10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>31</u> (Years) (12) BIRTHPLACE <u>Aiken County</u> (13) OCCUPATION <u>Farmer</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Georgia Wells</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Earle S.C. R. F.D. 1.</u> (16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>29</u> (Years) (18) BIRTHPLACE <u>Aiken County</u> (19) OCCUPATION <u>Housewife</u> (20) Number of children born to mother, including present birth <u>5</u> (21) Number of children of this mother now living, including present birth <u>1</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:25 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) M. S. Dantzler M.D.
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Earle, S.C. R. F.D. 1.

Given name added from a supplemental report _____, 191...
 _____ Registrar

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

(27) Filed Aug 23 1916 (28) W. J. J. J. J. 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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MARGIN RESERVED FOR FINDING
 THIS IS A PERMANENT RECORD
 WITH NO WRITING TO BE DONE
 HEREIN
 IN CASE OF TWINS OR TRIPLETS
 A SEPARATE BLANK FOR EACH CHILD
 FIRST-BORN, No. 1. FILE OTHERS, No. 2, 3, etc., in question 1.