

(1) PLACE OF BIRTH

County of Lenoir
 Township of Saluda
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

43576

Registration District No. 3111Registered No. 43
(For use of Local Registrar)

(No. 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 Bessie May

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 Dec 6 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elliott Cook
 (9) PRESENT POSTOFFICE OF FATHER Chapin
 (10) COLOR OR RACE Cul (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Bell Mayer
 (15) PRESENT POSTOFFICE OF MOTHER Chapin
 (16) COLOR OR RACE Cul (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 6(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 10 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Lybrand

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Chapin S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 15 1922 (28) Justisinger 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.

WHEN BIRTH OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.