

## (1) PLACE OF BIRTH

County of York

Township of .....

or  
Br. Town of .....or  
City of York Hill

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

43430

Registration District No. 44 13Registered No. 282

(For use of Local Registrar)

(2) Full Name of Child Carroll Allen Cook

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

(3) BOY OR GIRL  
Girl

(4) Twin or triplet?

(5) Number in order of birth -

to be entered only in case of twins or triplets

(6) Are Parents Married Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Wesley Walker Cook

(9) PRESENT POSTOFFICE OF FATHER

York Hill

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE

Clinton NC

(13) OCCUPATION

mill operator

(14) Number of children born to mother, including present birth

3

## MOTHER.

(15) NAME BEFORE MARRIAGE

Fanny McSwain

(16) PRESENT POSTOFFICE OF MOTHER

York Hill SC

(17) COLOR OR RACE

white(18) AGE AT LAST BIRTHDAY 24  
(Years)

(19) BIRTHPLACE

Fanny NC

(20) OCCUPATION

house wife

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:50 A.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

Give name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

1/10/24

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(28)

J. R. Myers

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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