

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3785- X

Registration District No.

4001-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.)

(2) Full Name of Child *Thomas Rosamond Mook* child is not yet named, make supplemental report as directed

2) BOY OR GIRL

*Boy*

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

*yes*

(7) DATE OF BIRTH

*Oct 27 1925*  
(Name of Month) (Day) (Year)

## FATHER.

3) FULL NAME

*Jessie Rosamond Mook*

4) PRESENT POSTOFFICE OF FATHER

*Compobella*

(10) COLOR OR RACE

*Col*

(11) AGE AT LAST BIRTHDAY

*21*  
(Years)

5) BIRTHPLACE

*So*

6) OCCUPATION

*L R (Section Hand)*

7) Number of children born to mother, including present birth

*1*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Geneva Kelly*

(15) PRESENT POSTOFFICE OF MOTHER

*Compobella*

(16) COLOR OR RACE

*Col*

(17) AGE AT LAST BIRTHDAY

*20*  
(Years)

(18) BIRTHPLACE

*So*

(19) OCCUPATION

*House wife*

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

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *8 A.M.* on the date above stated.  
(Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature)

*Charles Kelly Stevens*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Compobella*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*12/1*

in

*23*(28) *J. D. Mayberry*  
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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