

## (1) PLACE OF BIRTH

County of Bamberg

Township of .....

or

Inc. Town of .....

or

City of Bamberg

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

Registration District No. 400

File No.—For State Registrar Only

3114Registered No. 7  
(For use of Local Registrar)

(No. .... St.: ..... Ward)

(2) Full Name of Child Gloria Kusan Hooks

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?  
Yes

(7) DATE OF

BIRTH 7/15/22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert B. Hooks(9) PRESENT POSTOFFICE OF FATHER Bamberg SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
(Years)(12) BIRTHPLACE Isa(13) OCCUPATION Barber(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Rhine Lee Ducker(15) PRESENT POSTOFFICE OF MOTHER Bamberg SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Bamberg SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 1:35 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Robert B. Hooks(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bamberg SC

Given name added from a supplemental report

(26) Witness

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

19.....  
Registrar(27) Filled 3-3(28) 19 22(29) John Jones

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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