

(1) PLACE OF BIRTH

County of Laurin
 Township of Wicks
 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

43250

Registration District No. 2910 Registered No. 131

(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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 9 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME R. L. Cook Jr(9) PRESENT POSTOFFICE OF FATHER Cornwall SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
 (Year)(12) BIRTHPLACE Laurin co SC(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Lee Henderson(15) PRESENT POSTOFFICE OF MOTHER Cornwall SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
 (Year)(18) BIRTHPLACE Laurin co SC(19) OCCUPATION Domestic(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 White 8 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. V. Pace (24) State of South Carolina Physician or Midwife (25) Signature of Physician or Midwife May cause

Given name added from a supplemental report

(26) Signature of Witness necessary only when question 23 is signed by mark Jan 6-23 (27) Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this report. If a child breathes even once it must be reported as stillborn. Report is desired of stillbirths to the 27th month of pregnancy.