

(1) PLACE OF BIRTH

County of Aiken
Township of Langley
or
Inc. Town of.....
or
City of Bath St.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6317

Registration District No. 2-17-A Registered No. 1-7
(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 Julian F. Cook (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 April 24, 27
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Clayton F. Cook (9) PRESENT POSTOFFICE OF FATHER Bath St. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Year) (12) BIRTHPLACE Fla (13) OCCUPATION Misc. Opr (20) Number of children born to mother, including present birth 2

MOTHER. (14) NAME BEFORE MARRIAGE Maggie Daly (15) PRESENT POSTOFFICE OF MOTHER Bath St. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Year) (18) BIRTHPLACE Green Ga (19) OCCUPATION Domestic (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was a live at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) Dr. J. S. Johnson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bath St.

Given name added from a supplemental report

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

(27) Filed May 16, 27 (28) J. W. Spradley 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.