

NOTICE: WITHIN FIFTY DAYS OF THE BIRTH OF A TRIPLETS OR TWINS OR QUADRUPLES, ETC., FILE A REPORT OF THE BIRTH IN THE OFFICE, NO. 2, CO. OF CLERMONT COUNTY, OHIO.

(1) PLACE OF BIRTH

County of *Dickson*,
Township of *Rashy Spring*
or
Inc. Town of
or
City of
(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. *H. G.*

REG. NO.—For State Registration
30785

Registered No. *50*
(For use of Local Registrar)

St. Ward)

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

(2) Full Name of Child *Mary L. Cook*

(a) Sex of Child *Girl*

(b) Day or Month _____

(c) Month or Year _____

To be answered only in case of Twins or Triplets

(d) Name _____

(e) Name _____

(f) Name _____

FATHER

(g) Name *Roland Lee Cook*

(h) Street Address *Wagener S.C.*

(i) Color *white* (j) Age at birth *40*

(k) Birthplace *Ohio*

(l) Occupation *Farmer*

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

MOTHER

(n) Name *Annie Armenia Cook*

(o) Street Address *Wagener S.C.*

(p) Color *white* (q) Age at birth *37*

(r) Birthplace *Ohio*

(s) Occupation *Housewife*

(t) Number of children of this birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(u) I hereby certify that I attended the birth of this child, who was *b. o. r. n. alive* at *9:30 A.M.*
on the date above stated.
(Signature) *J. V. Whitelock M.D.*

(v) (Signature)

(w) State, whether Physician or Midwife

(x) Address of Physician or Midwife

(y) Physician *Livingstonville*

Given name added from a supplemental report

Annie L. Cook
.....
.....
.....

(z) Witness

(Signature of Witness necessary only if question 23 is signed by him)

(aa) Date *Oct 29 1933* (bb) Local Registrar *Paul*

*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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