

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of Trident  
 or  
 Inc. Town of .....  
 or  
 City of Goffney S.C. (No. Perdue Road 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 .....

File No.—For State Registrar Only  
**14091**

Registration District No. 10A Registered No. 100  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 4, 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Harry Coyt Cook  
 (9) PRESENT POSTOFFICE OF FATHER Goffney S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE Allsbrook S.C.  
 (13) OCCUPATION Steam Fitter  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Lavinia Moore  
 (15) PRESENT POSTOFFICE OF MOTHER Goffney S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Charleston S.C.  
 (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 ..... at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John D. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Goffney S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/10 1922

(28)

N. F. Smith  
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.

\*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.