

(1) PLACE OF BIRTH

County of LexingtonTownship of 1st

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

File No.—For State Registrar Only

69370

Registration District No. 3/106Registered No. 13

(For use of Local Registrar)

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

(2) Full Name of Child

Theodore Macey Hook

(3) BOY OR

(4) Twin or Triplet?

(5) Number in order of birth

To be given only in case of twins or triplets

DATE OF

BIRTH

(Name of child) (Day) (Month) (Year)

FATHER

(6) FULL NAME

John W. Hook

(7) PRESENT POSTOFFICE OF FATHER

Irmo, S.C.

(8) COLOR OR RACE

White

(9) AGE AT LAST BIRTHDAY

47

(10) BIRTHPLACE

Lexington Co. S.C.

(11) OCCUPATION

A.R. Co. T. & Merchant

(12) Number of children born to mother, including present birth

13

MOTHER

(13) NAME BEFORE MARRIAGE

Blair J. Vendant

(14) PRESENT POSTOFFICE OF MOTHER

Irmo S.C.

(15) COLOR OR RACE

White

(16) AGE AT LAST BIRTHDAY

43

(17) BIRTHPLACE

Lexington Co. S.C.

(18) OCCUPATION

Housewife

(19) Number of children of this mother now living, including present birth

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Hour A. M. or P. M.)(21) (Signature) R. E. M. Anderson

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

alliedIrmo S.C.

Given name added from supplemental report?

(24) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(25) Filed Aug. 10, 1916

(26)

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.