

(1) PLACE OF BIRTH  
County of Beaufort

Township of .....  
or  
Inc. Town of Hardeeville,  
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. 605 Registered No. 12  
(For use of Local Registrar)

(2) Full Name of Child Dorothy Wells Cook If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Type of Birth - (5) Number in order of birth - (6) Are Parents Married Yes (7) DATE OF BIRTH Jan. 6, 1923  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME John D. Cook  
(9) PRESENT POSTOFFICE OF FATHER Hardeeville, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Colleton County  
(13) OCCUPATION Merchant  
(14) Number of children born to mother, including present birth 1

**MOTHER.**  
(15) NAME BEFORE MARRIAGE Pauline Kline Rick  
(16) PRESENT POSTOFFICE OF MOTHER Hardeeville, S.C.  
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 22 (Years)  
(19) BIRTHPLACE Georgia  
(20) OCCUPATION Housewife  
(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 Alive at 1-25 A.M.  
(Born alive or stillborn) (Hour, M. or P. M.)  
on the date above stated.

(23) (Signature) L. A. Walker  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hardeeville, S.C.

Given name added from a supplemental report

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

(27) Filed April 3, 1923 (28) C. A. Walker Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.