

(1) PLACE OF BIRTH

County of FairfieldTownship of 49

Inc. Town of

City of

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

Registration District No. 1908File No. — For State Registrar Only
375?Registered No. 7
(For use of Local Registrar)(No. 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 R. G. Cook

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

(3) BOY OR GIRL Boy(4) Twin or Triplet X
To be answered only in event of Twin or Triplet(5) Number in order of birth 1(6) Are Parents Married yes(7) DATE OF BIRTH Feb. 18, 23
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Jake Cook(9) PRESENT POSTOFFICE OF FATHER Winnboro SC(10) COLOR OR RACE col(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Fairfield La SS(13) OCCUPATION Farm laborerNumber of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Wiley Juby(15) PRESENT POSTOFFICE OF MOTHER Winnboro SC(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Fairfield(19) OCCUPATION Farm laborer(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 born alive at 8 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Wiley Juby

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Winnboro SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 7 23(28) DeRuff 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.