

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.
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of
 or
 City of York (No. St.; Ward)
 (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

75179

Registration District No. 44-4 Registered No. 43
 (For use of Local Registrar)

(2) Full Name of Child Newton Craig M. Cookle } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets.</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 20, 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	----------------------	------------------------------------------------------------------------------------------------------------	-------------------------------------	---------------------------------------------------------------------------------------

FATHER.

(8) FULL NAME Newton Craig M. Cookle
 (9) PRESENT POSTOFFICE OF FATHER York, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE York Co. S.C.
 (13) OCCUPATION Supt. Telephone Exchange
 (20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth W. Hunter
 (15) PRESENT POSTOFFICE OF MOTHER York, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE York, S.C.
 (19) 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 born alive at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Philip W. Hunter
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York, S.C.

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug 27 1916 (28) M. J. Wacker 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.