

Form No. 1

(1) PLACE OF BIRTH

County of Dorchester
Township of Collins
or
Inc. Town of
or
City of

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

File No. - For State Registrar Only
28146

Registration District No. 1706 Registered No. 17
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child: Lalor Cook Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth 1 (6) Sex yes (7) DATE OF BIRTH Sept 2, 1923
(Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME	<u>Lalor Cook Sr.</u>	(14) NAME BEFORE MARRIAGE	<u>Marie Windom</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Summerville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Summerville S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE	<u>Dorchester Co</u>	(18) BIRTHPLACE	<u>Dorchester Co</u>		
(13) OCCUPATION	<u>Farming</u>	(19) OCCUPATION	<u>Housewife</u>		
(20) Number of children born to mother, including present birth	<u>Six 6</u>	(21) Number of children of this mother now living, including present birth	<u>Five 5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hager Cook
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville 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 Sept 9, 1923 (28) R. H. Bayle 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.