

Form No. 1

**(1) PLACE OF BIRTH**  
 County of Dorchester **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of Collins  
 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.)

File No. — For State Registrar Only  
**28146**

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

**(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  5) Number in order of birth 1 6) Sex yes 7) DATE OF BIRTH Sept 2, 23  
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

**FATHER** (8) FULL NAME Lalor Cook, Sr. (10) NAME BEFORE MARRIAGE Marie Windom

(9) PRESENT POSTOFFICE OF FATHER Summerville (11) PRESENT POSTOFFICE OF MOTHER Summerville S.C.

(12) COLOR OR RACE white (13) AGE AT LAST BIRTHDAY 29 (14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 26  
(Years) (Years)

(16) BIRTHPLACE Dorchester Co (17) BIRTHPLACE Dorchester Co

(18) OCCUPATION Farming (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth Six 6 (21) Number of children of this mother now living, including present birth Five 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Paralysed 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 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 22 is signed by mark)

(27) Filed Sept 9, 1923 (28) R. H. Boyler 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.