MAICON RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

NOTE—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PHYSICIAN'S No. 1, THE OTHER, No. 2, etc., in question 5.

Write in full. Do not use abbreviations. Sign your name as informant.

(1) PLACE OF BIRTH

County of Abb

Township of Donalds No 2

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

21

Registration District No. 105 Registered No. 3

(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 Fred Truman Cook (If child is not yet named, make supplemental report as directed)

(3) ~~Boy or Girl~~ Boy

(4) This a Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth 1st

(6) Are Parents Married? Ja

(7) DATE OF BIRTH Jan 5 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred Truman Cook

(9) PRESENT POSTOFFICE OF FATHER Owens S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Tennessee

(13) OCCUPATION Mail R F D

(20) Number of children born to mother, including present birth 1st

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Elizabeth Young

(15) PRESENT POSTOFFICE OF MOTHER Owens S C

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Owens S C

(19) OCCUPATION —

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2.00 P.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) [signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 100 D

Given name added from a supplemental report

..... 19....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 10 1922 (28) [signature]

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.