

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

11-15-43

U. S. Dept. of Commerce
Bureau of the Census

16 092886

1. PLACE OF BIRTH

County of Aiken

Township of Schultz

or
Inc. Town of Aiken, R. 7th

or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 213

FILE No.—For State Registrar Only

00163

Registered No. _____
(For use of Local Registrar)

(No. R. F. D. 3 Box 130 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

Mattie Julia Cook

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

3. Sex or Girl Girl 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth Jan 20, 1946
(Month, day, year)

9. Full name FATHER
John Henry Cook

10. Residence (mailing address)
(If non-resident, give place and State) Aiken, R. 7th

11. Color or race Negro 12. Age at child's birth 36 (years)

13. Birthplace (city or place)
(State or country) Aiken S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

19. _____

18. Name before marriage MOTHER
Isabella Riner

19. Residence (mailing address)
(If non-resident, give place and State) 7th Aiken S.C.

20. Color or race Negro 21. Age at child's birth 31 (years)

22. Birthplace (city or place)
(State or country) Aiken S.C.

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

19. _____

27. Number of children of this mother (At time of birth and including this child) 7 (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn _____

28. If stillborn, period of gestation _____ months weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from _____
a supplementary report _____
(Date of) _____

Registrar.

(Signed) Isabella X Cook, Parent

or _____, Guardian

Address Rt #3 Box 130 Augusta, Ga.

Filed Dec 6, 19 43 L. A. Riser, M.D.
Registrar.