

11-15-43

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

# Standard Certificate of Birth

FILE No.—For State Registrar Only  
**00163**

1. PLACE OF BIRTH  
 County of Aiken  
 Township of Schultz  
 or  
 Inc. Town of Aiken, R.F.D.  
 or  
 City of \_\_\_\_\_ (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 If Plural births \_\_\_\_\_ 4. Twins, triplets or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents \_\_\_\_\_ 8. Date of birth Jan 20, 1946  
 Full term yes Married? yes (Month, day, year)

9. Full name **FATHER**  
John Henry Cook  
 10. Residence (mailing address)  
(If non-resident, give place and State) Aiken, R.F.D.  
 11. Color or race negro 12. Age at child's birth 36 (years)  
 13. Birthplace (city or place)  
(State or country) Aiken S.C.

18. Name before marriage **MOTHER**  
Isabella Rivers  
 19. Residence (mailing address)  
(If non-resident, give place and State) Rt 70 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.

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 \_\_\_\_\_ 19\_\_\_\_\_  
 17. Total time (years) spent in this work \_\_\_\_\_

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 \_\_\_\_\_ 19\_\_\_\_\_  
 26. Total time (years) spent in this work \_\_\_\_\_

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.

(Signed) Isabella Cook, Parent  
 or \_\_\_\_\_, Guardian  
 Address Rt #3 Box 130 Augusta, Ga.  
 Filed Dec 6, 1943 L. A. Risser, M.D.  
 Registrar.

Given name added from \_\_\_\_\_  
 a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

Registrar.

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.)