

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

12407

County of AbbevilleTownship of Lee

or

Inc. Town of Cranston S.C.

or

City of Cranston S.C.Registration District No. 2009Registered No. 56

(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

Adda Jane Cook

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Nov 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Layton Cook(9) PRESENT POSTOFFICE OF FATHER Lake City S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Osborn(15) PRESENT POSTOFFICE OF MOTHER Lake City(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE SC(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 1:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. W. H. H. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cranston S.C.

Given name added from a supplemental report

(26) Witness

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

19
Registrar

(27) Filed

1.2-15-1923

(28)

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.

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