

(1) PLACE OF BIRTH

County of Laurens

Township of _____

or
Inc. Town of Hartsvilleor
City of _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1573

File No.—For State Registrar Only

41942

Registered No. 137
(For use of Local Registrar)(2) Full Name of Child. Ernest Leon Cook

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 4 1922</u> (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets				
FATHER.			MOTHER.	
(8) FULL NAME <u>Ernest Cook</u>			(14) NAME BEFORE MARRIAGE <u>Lucille Amelia Padgett</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hartsville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hartsville</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Lawyer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William B. Blythe

(24) State where the Physician or Midwife (25) Address of Physician or Midwife

PhysicianHartsville SC

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 18 22

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(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.