

Form No. 1

(1) PLACE OF BIRTH

County of DeKalbTownship of Willedore

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

18398

Registration District No. 1603 Registered No. 80
(For use of Local Registrar)(No. St.; Word)
Birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child George David Cook

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 1st 1924</u> Name of Month (Day) (Year)
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(8) FATHER'S NAME <u>Charles Cook</u>	(14) NAME BEFORE MARRIAGE <u>Lillian Hayes</u>
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(9) PRESENT POST OFFICE OF FATHER <u>Nichols Rd</u>	(15) PRESENT POST OFFICE OF MOTHER <u>Nichols Rd</u>
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(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
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(12) BIRTHPLACE <u>Wilkes County, Ga</u>	(18) BIRTHPLACE <u>Wilkes County, Ga</u>
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(13) OCCUPATION <u>Farm</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>Five</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born live or stillborn) Hour A. M. or P. M.)(23) (Signature) A. H. Cloutier M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Lake View Rd

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6-9-24 1924 (28) Local Registrar
A. H. Cloutier

If there was no attending physician or midwife, then the father, household head, or other person should make this report. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR FILING. WHEN PLAINLY WITH UNFADING INK, THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE, IF ANY, FOR EACH CHILD AND MARK THE FIRST BORN NO. 1, THE OTHER NO. 2, ETC. IN QUESTION 5.