

(1) PLACE OF BIRTH

County GreenvilleTownship GreenvilleInc. Town GreenvilleCity of Greenville

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

(2) Full Name of Child Elizabeth Cook3 SEX OR
GALL(4) Twin
or Triplet

To be answered only in case of Twin or Triplet

6 Number in
order of birth7 DATE OF
BIRTHIf child is not yet named, make
supplemental report as directed8 AGE AT LAST
BIRTHDAY

9 MONTHS

FATHER

Samuel Crawford CookGreenville S.C.WhiteAge 2Home wife63923293

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplement
and report

(27) Witness

(Signature of Witness necessary only
when question 27 is signed by mark)(28) Date 15th (29) 17 March
Local RegistrarWhen there was no attending physician or midwife, the father, householder, etc., should make this return
if a child breathes even once, or is carried as a stillborn. No report is desired of stillbirths
before the birth of pregnancy.