Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 41847

Registration District No. 1403 Registered No. 84
(For use of Local Registrar)

(1) PLACE OF BIRTH

County of Colleton

Township of Broxton
or
Inc. Town of .....
or
City of ..... (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 Betsy Cook (If child is not yet named, make supplemental report as directed)

(3) ~~BOY OR~~ GIRL? Girl

(4) Twin or Triplet? / (To be answered only in event of Twins or Triplets)

(5) Number in order of birth 6

(6) Are Parents Married? No

(7) DATE OF BIRTH Dec. 12, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Cook

(9) PRESENT POSTOFFICE OF FATHER Islandton

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Mills

(15) PRESENT POSTOFFICE OF MOTHER Islandton S. C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION House Keeping

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) E. E. Isaborett

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Islandton S. C.

Given name added from a supplemental report .....

..... 19 .... Registrar

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

(27) Filed Jan. 1 1923 (28) Mrs. Geo. Godley
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.

N. B.—In case of twins, triplets, etc., write "Twin" or "Triplet" in a prominent manner. Use a separate blank for each child. Mail one copy to Bureau of Vital Statistics, State Board of Health, Columbia, S. C.