

THIS IS A TRIPLATE AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Wilkes  
Township of Hopewell  
or  
Inc. Town of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - For State Registrar Only  
**28524**

Registration District No. 206 Registered No. 15  
(For use of Local Registrar)

(2) Full Name of Child Elaine Hooker

(3) BOY OR GIRL Girl

(4) Twin or Triplet? No

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept 1 1922  
(Name) (Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Hooley Hooker  
(9) PRESENT POSTOFFICE OF FATHER Perry St  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Jessie J. Hooker  
(15) PRESENT POSTOFFICE OF MOTHER Perry St  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18  
(18) BIRTHPLACE S.C.  
(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 Alive at 49 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs Vera Blake  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Perry St

Given name added from a supplemental report

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

(27) Filed Sept 1 1922 (28) W. B. Reed 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.