

MARGIN RESERVE FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 4.

Office of Registrar, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		NEW-YORK REGISTRATION	
County of <u>Sumter, S.C.</u>		STATE OF SOUTH CAROLINA		48034	
Township of <u>.....</u>		Bureau of Vital Statistics			
or Town of <u>.....</u>		State Board of Health			
City of <u>.....</u>		Registration District No. <u>41-A</u>		Registered No. <u>281</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>327 W. Hampton</u>)		(For use of Local Registrar)	
(2) Full Name of Child <u>Wm. Jonas Cook</u>					
(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>1</u>	(5) Number to order of birth <u>2</u>	(6) Is Child Married <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 20, 1923</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Isaac D. Cook</u>			(14) NAME AND RESIDENCE <u>Julia Cullen Sistrunk</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>33</u>			(17) AGE AT LAST BIRTHDAY <u>33</u>		
(12) BIRTHPLACE <u>Greene Co., Ga.</u>			(18) BIRTHPLACE <u>Raymond, Orangeburg Dist.</u>		
(13) OCCUPATION <u>Supt. Can. Life Ins. Co.</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> on the date above stated.					
(23) (Signature) <u>Archibald M. H.</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Sumter, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 22 is checked by mark)		
..... 19..... Registrar			(27) Filed <u>Jan. 10, 1924</u> 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.

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