

(1) PLACE OF BIRTH

County of Marion

Township of

or

Inc. Town of Marion

or

City of

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

(2) Full Name of Child Edward Quentin Cook

File No.—For State Registrar Only

43595

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 32ARegistered No. 128

(For use of Local Registrar)

(No. 5 Main St.; 2 Ward)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Linton Cook(9) PRESENT POSTOFFICE OF FATHER Marion, S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Marion Co.(13) OCCUPATION Saw miller(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Louise Glover(15) PRESENT POSTOFFICE OF MOTHER Marion S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Norway, S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marion Delaney(24) State whether Physician or Midwife Marion

Given name added from a supplemental report

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

(27) Jan 10, 1922 (28) Lena Montgomery 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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