

(1) PLACE OF BIRTH

County of Lourence
 Township of
 or
 Inc. Town of H
 or
 City of

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

File No.—For State Registrar Only
30140

Registration District No. 20-A Registered No. 288
 (For use of Local Registrar)

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

(3) BOY or GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 21 1922
To be answered only in event of Twins or Triplets
(Name) (Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jas. Cook
 (9) PRESENT POSTOFFICE OF FATHER Lourence
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 22
(Years)
 (12) BIRTHPLACE Lourence
 (13) OCCUPATION Day Labor
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Sizzie Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Lourence
 (16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 20
(Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (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 on the date above stated. (Born alive or stillborn) (at A. M. or P. M.)

(23) (Signature) Bill Mack
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 10-4 1922 (28) P. A. Bushaw, Jr. 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 OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.