

(1) PLACE OF BIRTH

County of Florence

Township of

or

Inc. Town of

or

City of

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

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-ARegistered No. 288

(For use of Local Registrar)

(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

BIRTH Sept 21 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Jas. Cook(9) PRESENT POSTOFFICE OF FATHER Florence(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Florence(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 Florence(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 at 10-4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lee Mack

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife his wife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10-41922

(28)

P. H. Bushaw19
Registrar

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.