

## (1) PLACE OF BIRTH

County of Anderson  
Township of Honea Patti

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
**40843**Inc. Town of ..... Registration District No. 307 Registered No. 15-8  
or  
City of ..... (For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child J. P. Cole { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? \_\_\_\_\_ (4) Twin or triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 29, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Pearson Cole(9) PRESENT POSTOFFICE OF FATHER Honea Patti(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE And. Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ola Mae Phillips(15) PRESENT POSTOFFICE OF MOTHER Honea Patti(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Pickens Co(19) OCCUPATION Dom(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) O. J. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M. P. Honea Patti

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec. 30, 1922 (28) Jennie Williams 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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