

(1) PLACE OF BIRTH

County of Pickens

Township of

or Town of Pickens

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

19861

Registration District No. 3706 Registered No. 72
(For use of Local Registrar)(2) Full Name of Child Eleanor Hargre Cox If child is not yet named, make supplemental report as directed(3) SEX OR Girl (4) Twin No (5) Number in order of birth II (6) Are Parents Married? Yes (7) DATE OF BIRTH May 16, 1912
(Name of Month) (Day) (Year)

FATHER.

(8) NAME Frank Todd Cox(9) PRESENT POSTOFFICE OF FATHER Pickens, S.C.(10) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Lawrence Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Hargre(15) PRESENT POSTOFFICE OF MOTHER Pickens, S.C.(16) COLOR White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Unionville Ga(19) OCCUPATION Domestic(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 5:40 P M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. O. Woodruff, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pickens

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed 191.... (28) 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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