

## (1) PLACE OF BIRTH

County of Georgetown

Township of .....

Inc. Town of .....

City of Georgetown

(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

Registration District No. 2102

File No.—For State Registrar Only

11172Registered No. 20

(For use of Local Registrar)

St. .... Ward)

(2) Full Name of Child Mary Cobbs

(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

Feb 25 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sija Cobbs(9) PRESENT POSTOFFICE OF FATHER Georgetown(10) COLOR OR RACE Negro(12) BIRTHPLACE S.C.(13) OCCUPATION Millman(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Amelia Hallard(15) PRESENT POSTOFFICE OF MOTHER Georgetown(16) COLOR OR RACE Negro(18) BIRTHPLACE S.C.(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 3 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Charlotte Lesene

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Apr 10 22

(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.