

(1) PLACE OF BIRTH

County Greenville
 Township of Lawson
 or Inc. Town of Lawson
 City of Lawson

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

7721

Registration District No. 2209 Registered No. 97

(For use of Local Registrar)

(2) Full Name of Child William Cogsdell (No. 7th St.; Ward)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jun 21, 22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER FULL NAME Allen Cogsdell (14) NAME BEFORE MARRIAGE Burtin Kirkpatrick

(8) PRESENT POSTOFFICE OF FATHER Greenville (15) PRESENT POSTOFFICE OF MOTHER Greenville

(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 25
 (Years) (Years)

(12) BIRTHPLACE N.C. (13) OCCUPATION Textile (18) BIRTHPLACE N.C. (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (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 born at 5:20 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. P. McDaniel (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) Mrs. J. P. McDaniel

(27) Local Registrar Mrs. J. P. McDaniel

*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.