(1) PLACE OF BIRTH

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

County of _Greenwood_

Township of _Walnut Grove_

or

Inc. Town of ....

Registration District No. _2314_   Registered No. _97_
(For use of Local Registrar)

City of _Ware Shoals S.C._ (No. .... St.; .... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
30616

(2) Full Name of Child _Ha Charles Howard Cox_

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			Yes	_Sept. 14 22_ (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	_John A Cox_	(14) NAME BEFORE MARRIAGE	_Eleanor Ashmore_
(9) PRESENT POSTOFFICE OF FATHER	_Ware Shoals SC_	(15) PRESENT POSTOFFICE OF MOTHER	_Ware Shoals SC_
(10) COLOR OR RACE	_White_	(11) AGE AT LAST BIRTHDAY (Years)	_26_
(16) COLOR OR RACE	_White_	(17) AGE AT LAST BIRTHDAY (Years)	_26_
(12) BIRTHPLACE	_Anderson Co._	(18) BIRTHPLACE	_Greenville Co_
(13) OCCUPATION	_Cotton Mill_	(19) OCCUPATION	_housewife_
(20) Number of children born to mother, including present birth	_3_	(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 _born alive_ at _10_ _A.M._
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _J W Ashmore_

(24) State whether Physician or Midwife _Physician_   (25) Address of Physician or Midwife _Ware Shoals S.C._

Given name added from a supplemental report

....

.... 19 ....
Registrar

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

(27) Filed _Oct_ .... 19 ....   (28) _Olin Oulte_
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.