

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 OR
 Inc. Town of Greenville
 OR
 City of Greenville, S. C. (No. 215 Ferry Ave. St.; 5th Ward)
 (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
85722

Registration District No. 22 A Registered No. 450
 (For use of Local Registrar)

(2) Full Name of Child Jas. Franklin Cox } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>YES</u>	(7) DATE OF BIRTH <u>11/16/16</u> , 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Peter H. Cox.
 (9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.
 (10) COLOR OR RACE White. (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Greenville, County.
 (13) OCCUPATION Merchant.
 (20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Huff.
 (15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.
 (16) COLOR OR RACE White. (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Greenville, County.
 (19) OCCUPATION Housewife.
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. Alive at 7.45 A. M., on the date above stated.
(Born alive) (Hour A. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician Greenville, S. C.

Given name added from a supplemental report

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

(27) Filed Nov. 18, 1916 (28) [Signature] 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.

FORM NO. 5 MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.