

(1) PLACE OF BIRTH

County of

Greenwood

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64672

Registration District No. *2310*

Registered No. *53*

(For use of Local Registrar)

(2) Full Name of Child

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

June 28 1916
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME

John H Cobb

(9) PRESENT POSTOFFICE OF FATHER

Minty Six, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY *32*
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Mill operative

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Whitford

(15) PRESENT POSTOFFICE OF MOTHER

Minty Six S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY *25*
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Home wife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8 a* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Jas J Fouché

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

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

(27) Filed

1916

(28)

J. M. Turner
Local Registrar

Given name added from a supplemental report

J. M. Turner

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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FORM NO. 1
VICTIM PLAIN
N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANKS for each child, and mark the FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 1.