

MAKING SURE FOR BINDING. WHITE 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.

(1) PLACE OF BIRTH
County of Sp. artanbury
Township of Chesapeake
or
Inc. Town of

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

Registration District No. 4003

File No.—For State Registrar Only
40053

Registered No. 105
(For use of Local Registrar)

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

(2) Full Name of Child Care Virgin Cordell If child is not yet named, make supplemental report as directed

(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 July 17, 1920
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Howard Blakely Cordell (14) NAME BEFORE MARRIAGE Lizette Cordell
(9) PRESENT POSTOFFICE OF FATHER Enam, S. C. R. F. D. (15) PRESENT POSTOFFICE OF MOTHER Enam, R. F. D.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
(12) BIRTHPLACE Sp. artanbury (18) BIRTHPLACE Sp. artanbury
(13) OCCUPATION Farmer (19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 am. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) C. D. Hanna
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 10, 1920 (28) C. D. Hanna 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.