

(1) PLACE OF BIRTH

County of GreenvilleTownship of Chesteror
Inc. Town ofor
City of

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

(2) Full Name of Child Raymon Huston Cox

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 Oct. 29 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME D. G. Cox(9) PRESENT POSTOFFICE OF FATHER Travellers Rest, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Cox(15) PRESENT POSTOFFICE OF MOTHER Travellers Rest, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 Alive at 130P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Keith (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Travellers Rest, S.C.

Given name added from a supplemental report

(26) Witness Albert W. Nevers (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 9 19 23 (28) Albert W. Nevers 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.