

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Darlington STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Darlington State Board of Health

File No.—For State Registrar Only
12921

or
 Inc. Town of Registration District No. 400 Registered No. 73
 or
 (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 Vincent McCoy Cox If child is not yet named, make supplemental report as directed

3) Sex of Child Male
 (4) Twin or Triplet? (5) Number in order of birth
 (To be answered only in event of twins or triplets)

(6) Are Parents Married? Yes (7) DATE OF BIRTH 5. 12. 1913
 (Name of Month) (Day) (Year)

FATHER.

8) Full Name Robert K. Cox

9) Present Postoffice of Father Sumner Pt.

10) Color or Race White (11) AGE AT LAST BIRTHDAY 5-11
 (Years)

12) BIRTHPLACE N.C.

13) OCCUPATION Merchant

14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Mahaley

(15) PRESENT POSTOFFICE OF MOTHER Sumner Pt.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION

(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 born alive as stillborn (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) J. H. Mahaley

(24) State whether Physician or Midwife Physician Address of Physician or Midwife Sumner Pt.

When name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 23 (28) John Sawyer 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.

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