

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 make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Abbeville

Township of

OR
 Inc. Town of

OR
 City of Abbeville

(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

Registration District No. 1 A

File No.—For State Registrar Only

17252

Registered No. 98
 (For use of Local Registrar)

(2) Full Name of Child Hellie Cosby

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl

(4) Twin or Triplet? X

(5) Number in order of birth 1

(6) Are Parents Married? W

(7) DATE OF BIRTH June 23 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Knox

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 11
 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE May Green

(15) PRESENT POSTOFFICE OF MOTHER Abbeville

(16) COLOR OR RACE Blk

(17) AGE AT LAST BIRTHDAY 28
 (Years)

(18) BIRTHPLACE Abbeville, S. C.

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Victor T. Wardlaw

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Abbeville, S. C.

Given name added from a supplemental report

(26) Witness Miss Julia M. Allister
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 1 1922

(28) Miss Julia M. Allister
 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.