

(1) PLACE OF BIRTH

County SumterTownship of MonroviaInc. Town of MonroviaCity Monrovia

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

File No.—For State Registrar Only

4058 52

Registration District No. 12092 Registered No. 52

(For use of Local Registrar)

(No. of Ward)

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

2) Full Name of Child Estelle Mawhrier Cobb3) SEX
BOY Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Jan. 31, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) NAME BEFORE MARRIAGE John Keels Cobb(9) PRESENT POSTOFFICE OF MOTHER Monrovia(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 27(12) BIRTHPLACE SC(13) OCCUPATION Teacher(14) Number of children of this mother now living, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Posey(15) PRESENT POSTOFFICE OF MOTHER Monrovia(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 26(18) BIRTHPLACE SC(19) OCCUPATION Dancer(20) 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 3 hrs at 12:06 P M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Date Feb. 1, 1923(27) Local Registrar [Signature]

When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the 10th month of pregnancy.