

(1) PLACE OF BIRTH

County of AndersonTownship of Honea Tolaor  
Inc. Town of

or

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

Irish Eugene Cox

File No. — For State Registrar Only

37171

Registration District No. 307Registered No. 146

(For use of Local Registrar)

(3) BOY OR  
GIRL(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

(8) FULL  
NAME

FATHER

William Coby(9) PRESENT  
POSTOFFICE  
OF FATHERHonea Tola SC(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(Years)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

Cotton picker(14) Number of children born to  
mother, including present birth5

MOTHER

(14) NAME BEFORE  
MARRIAGEGaynell Thompson(15) PRESENT  
POSTOFFICE  
OF MOTHERHonea Tola SC(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY

(Years)

(18) BIRTHPLACE

Anderson Co

(19) OCCUPATION

Housewife(21) Number of children of this mother  
now living, including present birth4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:50 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

J. W. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Honea Tola SC(26) Name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed NO. 30. 12. 2.

(28)

J. W. Williams  
Local RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make this return. If  
child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the  
fifth month of pregnancy.When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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