(1) PLACE OF BIRTH

County of Chester Lancy

Township of Richburg

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
19216

Registration District No. 4007 Registered No. 32
(For use of Local Registrar)

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

(3) SEX OR SIXLI Boy | (4) Twin or Triplet? C | (5) Number in order of birth C | (6) Are Parents Married? No | (7) DATE OF BIRTH June 13, 1923 (Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Unknown

(9) PRESENT POSTOFFICE OF FATHER Unknown

(10) COLOR OR RACE W | (11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Mae Cox

(15) PRESENT POSTOFFICE OF MOTHER Moore SC

(16) COLOR OR RACE W | (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Colored (Born alive or stillborn) at 5:4 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Physician J. T. McCaw

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Rock Hill SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed July 12 1923 (28) J. W. Mitchell 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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