

(1) PLACE OF BIRTH

County of FlorenceTownship of Florence

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Mr. Robt Cole

(3) SEX OR

CIRCUIT boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age Parents Married? yes(7) DATE OF BIRTH Feb. 20 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Crogg Cole(9) PRESENT POSTOFFICE OF FATHER Florence SC Route 3(10) COLOR OR RACE w(11) AGE AT LAST BIRTHDAY 48(12) BIRTHPLACE Florence Co SC(13) OCCUPATION James(14) Number of children born to mother, including present birth 3

MOTHER

(15) NAME BEFORE MARRIAGE Louise W. Cron(16) PRESENT POSTOFFICE OF MOTHER Florence SC #3(17) COLOR OR RACE w(18) AGE AT LAST BIRTHDAY 30(19) BIRTHPLACE Florence Co SC(20) OCCUPATION Louise(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 alive at 6:40 P.M. (Hour A. M. or P. M.)(23) State whether Physician or Midwife Phys.(24) Address of Physician or Midwife Florence SC

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

(26) Filed 4/12/22 (27) C. C. Craft W.D. (28) 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11099

Registration District No. 2005 Registered No. 15

(For use of Local Registrar)

(No. St. Ward)

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