

(1) PLACE OF BIRTH

County of Blount
Township of Transylvania

Inc. Town of

City of

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

Registration District No. 2443Registered No. 2
(For use of Local Registrar)(2) Full Name of Child William Bernard Cobb(3) SEX OF CHILD Male (4) Type or Figure X (5) Number in order of birth 3 (6) Date of Birth May 3 1923
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) Full Name	<u>William Bernard Cobb</u>	(10) Name before Marriage	<u>William Bernard Cobb</u>
(9) Present Residence of Father	<u>Blount County, Georgia</u>	(11) Present Residence of Mother	<u>Blount County, Georgia</u>
(12) Color	<u>White</u>	(13) Color	<u>White</u>
(14) Age at Last Birthday	<u>35</u>	(15) Age at Last Birthday	<u>26</u>
(16) Birthplace	<u>Blount County, Georgia</u>	(17) Birthplace	<u>Blount County, Georgia</u>
(18) Occupation	<u>Farmer</u>	(19) Occupation	<u>Farmer</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Goffney

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 10 1923 (28) H. P. Whithead Local Registrar

*When there was no attending physician or midwife, on 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.

It is illegal to deliver a child before the fifth month of pregnancy.