

(1) PLACE OF BIRTH

County of Charleston
Township of Beuchamp
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

For State Registrar Only

22556

Registration District No. 406

Registered No. 112
(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

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

(3) SEX OR ONLY Boy
(4) Twin or Triplet No
To be used only in case of Twin or Triplet

(5) Are Parents Married yes
(6) DATE BIRTH July 23, 1923
(Name of child) (Day) (Year)

FATHER.

(7) FULL NAME Cox

(8) PRESENT POSTOFFICE OF FATHER Immaworth

(9) COLOR OR RACE White
(10) BIRTHPLACE US

(11) AGE AT LAST BIRTHDAY 36
(Year)

(12) OCCUPATION Farming

(13) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Molly Hodgins

(15) PRESENT POSTOFFICE OF MOTHER Immaworth

(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 37
(Year)

(18) BIRTHPLACE MS

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(22) (Signature) Jack Liberty MD
(23) State whether Physician or Midwife Physician
(24) Address of Physician or Midwife Immaworth

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by a physician or midwife)

(26) Filed Sept 1, 1923 (27) Local Registrar Edwards

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.

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.

STATE OF SOUTH CAROLINA)

COUNTY OF SPARTANBURG)

Personally appeared before me J. L. Cox, who first being duly sworn says that he is the father of James Luther Cox, Jr., who was born at Inman, S. C., on July 23, 1923, and inasmuch as his name does not appear on the record of his birth, asks that the name of James Luther Cox, Jr. be inserted therein.

Sworn to before me this
15th day of January, 1941.

Walter B. Gibson
Notary Public for S. C.

J L Cox
Name of child: James Luther Cox, Jr.
Name of father: J. L. Cox
Name of mother: Molly Hudgins
Place of birth: Inman, S.C.
Date of birth: July 23, 1923
Physician: Jas. R. Gibson, M. D.
Registrar: A. A. Capers.

Registrar

Local Registrar

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