

MAKING REQUISITE FOR BINDING. WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, this child, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Conroe
Township of Ingles
or
Inc. Town of
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
39556

Registration District No. 3505

Registered No. 144
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 17, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Samuel W. Cox</u>			(14) NAME BEFORE MARRIAGE <u>Lillian McSuffin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Westminster, D.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Conroe Co.</u>			(18) BIRTHPLACE <u>Conroe Co.</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 AM on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. T. Simpson, Jr.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Westminster, D.C.

Given name added from a supplemental report:

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

(27) Filed 11 19 22 (28) J. D. Steel 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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