

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia.

(1) PLACE OF BIRTH

County of Greenville
Township of "

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
64451

Inc. Town of Greenville Registration District No. 22 A Registered No. 255
City of Greenville (No. 408 Green Ave. St. 5 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Francis Elizabeth Cobb
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Male (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 7 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Samuel Cobb
(9) PRESENT POSTOFFICE OF FATHER 408 Green Ave
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Abbeville Co. SC
(13) OCCUPATION Minister
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Belle G Sprouse
(15) PRESENT POSTOFFICE OF MOTHER 408 Green Ave.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Abbeville Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 5:20 PM on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. M. Wallace

(24) State whether Physician or Midwife (25) Address of Physician or Midwife No. 1084 Burrenbank St

Given name added from a supplemental report
191

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

(27) Filed June 18 1916 (28) C. Smith 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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