

Form No. 1

## (1) PLACE OF BIRTH

County of Berkeley  
 Township of St. John  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2997

Registration District No. 7.02 Registered No. 14  
 (For use of Local Registrar)

City of ..... (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 Alfred Cosbey If child is not yet named, make supplemental report as directed

(3) SEX OR AGE Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 10, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Shake Cosbey  
 (9) PRESENT POSTOFFICE OF FATHER Macbeth S.C.  
 (10) COLOR OR RACE Peeps (11) AGE AT LAST BIRTHDAY 35  
 (12) BIRTHPLACE State of Georgia  
 (13) OCCUPATION Fireman  
 (14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Mary Gentry  
 (16) PRESENT POSTOFFICE OF MOTHER Bonham S.C.  
 (17) COLOR OR RACE Peeps (18) AGE AT LAST BIRTHDAY 18  
 (19) BIRTHPLACE Berkeley Co. S.C.  
 (20) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Swinton  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Berkeley

Given name added from a supplemental report

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

(27) Filed 2/25/23 (28) Reg.

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.