

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Pendleton

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 Register

2837

Registration District No. 310Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child Sila Mae Cox

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

(1) SEX girl (2) Type or Variety To be entered only in case of Twins or Triplets (3) Number in order of birth 1 (4) Age at birth Yes (5) DATE OF BIRTH Feb. 20, 1923
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Edward Suther Cox(7) PRESENT RESIDENCE OF FATHER Pendleton, S.C.(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 23
(Year)(10) BIRTHPLACE Anderson, S.C.(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth Three

MOTHER.

(13) NAME BEFORE MARRIAGE Estelle Carter(14) PRESENT RESIDENCE OF MOTHER Pendleton, S.C.(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 21
(Year)(17) BIRTHPLACE Hart Co., Ga.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 7 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Mrs. Annie Moore

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Midwife Pendleton

(24) Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed Mar. 17, 1923 at N.H. Lumb(27) When filed, this certificate is valid for 1 year.