

MARGIN RESEAL-ED FOR BINDING. WHITE 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

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 OR
 Inc. Town of Whitney
 OR
 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 Alvina Lucile Cox (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 3, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Herschel Cox
 9) PRESENT POSTOFFICE OF FATHER Whitney S.C.
 10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 12) BIRTHPLACE N.C.
 13) OCCUPATION Cotton mill

MOTHER.

14) NAME BEFORE MARRIAGE Agnes Paris
 15) PRESENT POSTOFFICE OF MOTHER Whitney S.C.
 16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 18) BIRTHPLACE N.C.
 19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) W. H. Parker
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitney S.C.

Given name added from a supplemental report _____

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 7-1-22 (28) W. H. Parker 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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