

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of .....

or

City of Anderson

(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

37053

Registration District No. 3A Registered No. 422

(For use of Local Registrar)

(No. Anderson Co. St. Hospital)(2) Full Name of Child Fred D. Cox, Jr.

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 1, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Fred B. Cox(9) PRESENT POSTOFFICE OF FATHER Toney Creek S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 45  
(Years)(12) BIRTHPLACE Toney Creek(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Ilda Scott(15) PRESENT POSTOFFICE OF MOTHER Toney Creek(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 40  
(Years)(18) BIRTHPLACE Greenville County(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10<sup>30</sup> P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. H. Young, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

F. B. CRAYTON,

(27) Filed

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(28)

ANDERSON, S.C.  
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.

Filed Jan. 28, 1943 M. B. Woodward, M.D.  
Asst. State Registrar

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