

Form No. 10. MARGIN RESERVED FOR PRINTING. 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.

(1) PLACE OF BIRTH, **GREENVILLE**
 County of **GREENVILLE** STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Township of **GREENVILLE**
 or
 Inc. Town of **GREENVILLE** Registration District No. **2209** Registered No. **538**
 or
 City of **GREENVILLE** (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
85821

(2) Full Name of Child **Henry Rufus Cox** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **boy** (4) Twin or Triplet? **No** (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Nov. 21, 1916**
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	JAMES LAURENCE COX		(14) NAME BEFORE MARRIAGE	DAISY RANGER	
(9) PRESENT POSTOFFICE OF FATHER	GREENVILLE		(15) PRESENT POSTOFFICE OF MOTHER	GREENVILLE	
(10) COLOR OR RACE	white	(11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR OR RACE	white	(17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE	GREENVILLE S.C.		(18) BIRTHPLACE	EASBY S.C.	
(13) OCCUPATION	MILL WORK		(19) OCCUPATION	MILL WORK	
(20) Number of children born to mother, including present birth	1		(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 **alive** at **2:50** **11** A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **midwife** **GREENVILLE S.C.**
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Olivia Carey Greenville 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 **Nov 23 6** (1916) (28) **A. H. Mackay** 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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