

PLACE OF BIRTH

City of DouglasTownship of Grange

or

Town of

or

of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child. William Colby

File No.—For State Registrar Only

46063

Only

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1703 Registered No. 9

(For use of Local Registrar)

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(4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? No (7) DATE OF BIRTH Jan 31 1914 (Name of Month) (Day) (Year)

FATHER.

FULL NAME Clay Archie CobbPRESENT POSTOFFICE OF FATHER St George SCCOLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 60 (Years)BIRTHPLACE Colleton CoOCCUPATION Farm handNumber of children born to father, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Clay Conway(15) PRESENT POSTOFFICE OF MOTHER St George SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Dorchester Co(19) OCCUPATION Farm hand(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive, at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edna Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife St George

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 30 1914 (28) E. L. Appleby Local Registrar

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If the father, householder, etc., should make this return. If the fifth month of pregnancy.

P. M.

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