

(1) PLACE OF BIRTH

County of
 Township of
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
25801

Registration District No. 1702 Registered No. 45
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child William C. Cotten { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL?	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>No</u>	7) DATE OF BIRTH <u>May 25 22</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Wm. C. Cotten
 9) PRESENT POSTOFFICE OF FATHER Wm. C. Cotten
 10) COLOR OR RACE W. C. Cotten
 11) AGE AT LAST BIRTHDAY.....
 12) BIRTHPLACE
 13) OCCUPATION
 20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Louisa Cotten
 15) PRESENT POSTOFFICE OF MOTHER Louisa Cotten
 16) COLOR OR RACE W. C. Cotten
 17) AGE AT LAST BIRTHDAY.....
 18) BIRTHPLACE
 19) OCCUPATION
 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.... Wm. C. Cotten..... at..... M., on the date above stated. (Born alive or stillborn, (Hour A. M. or P. M.))

(23) (Signature) Wm. C. Cotten

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wm. C. Cotten

Given name added from a supplemental report

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

(27) Filed Aug 21 1922 (28) Wm. C. Cotten 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.