

MARGIN RESERVED FOR BINDING.

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 6.

RECEIVED BY COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		6197	
State Board of Health					
County of <u>Cherokee Co.</u>	Registration District No. <u>104</u>	Registered No. <u>73</u>		(For use of Local Registrar)	
Township of <u>Duncan Hill</u>					
or					
Inc. Town of					
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 <u>John Charles Cole</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 29 1904</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>John Charles Cole</u>			(14) NAME BEFORE MARRIAGE <u>John Thompson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Antietam St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Antietam St</u>		
(10) COLOR OR RACE <u>Caucasian</u>			(16) COLOR OR RACE <u>Caucasian</u>		
(11) AGE AT LAST BIRTHDAY <u>2 1/2</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>2 1/2</u> (Years)		
(12) BIRTHPLACE <u>Antietam Co</u>			(18) BIRTHPLACE <u>Cherokee Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Rosa X. Coats</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Antietam St</u>					
Given name added from a supplemental report			(26) Witness		
..... 19			(27) Filed <u>3/30/04</u> (28) <u>J. M. Patterson</u> Local Registrar		
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.