CERTIFICATE OF BIRTH | File No.—For State Registrar

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2642

(1) PLACE OF BIRTH
County of Union
Township of .....
or
Inc. Town of .....
or
City of Union
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 42-A Registered No. 4
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Billy Whitman Cole — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? —
(5) Number in order of birth —
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH 1/14 1922 (Name of Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Ed P. Cole	(14) NAME BEFORE MARRIAGE Josie Howell
(9) PRESENT POSTOFFICE OF FATHER Union SC	(15) PRESENT POSTOFFICE OF MOTHER Union SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39 (Years)	(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Oconee Co SC	(18) BIRTHPLACE Union Co SC
(13) OCCUPATION Clerk	(19) OCCUPATION A H Montgomery
(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 (Born alive or stillborn) at 29 M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A H Montgomery
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 2-10 1922 (28) D G Harrott
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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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.
McCAIN OF COLUMBIA, COLUMBIA, S. C.