

Form No. 1

(1) PLACE OF BIRTH

County of McCormickTownship of Plum Branch

Inc. Town of.....

City of.....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39333

Registration District No. 4005Registered No. 39
(For use of Local Registrar)(2) Full Name of Child Connie Mae Cosey

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL
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?
Yes(7) DATE OF BIRTH Nov 15 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Herice J. Cosey

(9) PRESENT POSTOFFICE OF FATHER

Plum Branch

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36
(Years)

(12) BIRTHPLACE

Edgewood Co. A.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Everlena Brown

(15) PRESENT POSTOFFICE OF MOTHER

Plum Branch

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Lincoln Co. Ga.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

3

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:10 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. B. Adams M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Plum Branch

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 15 22

(28)

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.

REG. OF COLUMBIA, S. C. 1900. THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., IN CASE OF STILLBIRTH, AND BY THE MOTHER, IN CASE OF BIRTH. IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR, AND A COPY OF IT IS TO BE SENT TO THE COUNTY CLERK, THE TOWN CLERK, AND THE LOCAL REGISTRAR. IT IS TO BE KEPT FOR FIVE YEARS.