

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 90402
County of <u>Harry</u>		Registration District No <u>2509</u>		Registered No. <u>178</u> (For use of Local Registrar)
Township of <u>Smithson Creek</u>				
or Inc. Town of				
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>Luther Cox</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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>10</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 22 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Willie P Cox</u>		(14) NAME BEFORE MARRIAGE <u>Martha Jane Neely</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Loris S C</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Loris S C</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>51</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Harry County S C</u>		(18) BIRTHPLACE <u>Harry County S C</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>10</u>		(21) Number of children of this mother now living, including present birth <u>Nine</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>1</u> <u>AM.</u> , on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>				
(23) (Signature) <u>Maranza J Neely</u>		(25) Address of Physician or Midwife <u>Loris S C</u>		
(24) State whether Physician or Midwife <u>Mid wife</u>				
Given name added from a supplemental report		(26) Witness <u>J. A. Bryant</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
..... 19		(27) Filed <u>Jan 5 1916</u>		
Registrar		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.