

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

No. 10.—For State Registrar Only

8466

County of Spartanburg

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

Township of

Inc. Town of

City of

Registration District No. 40-A Registered No. 90

(For use of Local Registrar)

(No. 43 Branch) (Name of street and number.)

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

(2) Full Name of Child

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

(3) SEX <u>Male</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age of Father <u>30</u>	(7) DATE OF BIRTH <u>July 13 1923</u>
FATHER			MOTHER	
(8) FULL NAME <u>Jimmie W. Cobb</u>			(9) FULL NAME <u>Pauline Williams</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Spartanburg SC</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg SC</u>	
(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>30</u>	(14) COLOR OR RACE <u>W</u>	(15) AGE AT LAST BIRTHDAY <u>32</u>	
(16) BIRTHPLACE <u>Spartanburg SC</u>		(17) BIRTHPLACE <u>Spartanburg SC</u>		
(18) OCCUPATION <u>Electrician</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at on the date above stated. (Born alive or stillborn) (House No. and St.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 4-1 19 23 (28) Jas. Rogers 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