

(1) PLACE OF BIRTH

County of *Spartanburg*

Township of *Woodruff*

or Inc. Town of

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74686

Registration District No. *40B*

Registered No. *124*

(For use of Local Registrar)

(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 *Korrett B. Cox*

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 (6) Are you Parents Married? *Yes* (7) DATE OF BIRTH *Aug 6, 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

MOTHER

(6) FULL NAME *Clyde Cox*

(14) NAME BEFORE MARRIAGE *Alice Hannah*

(9) PRESENT POSTOFFICE OF FATHER *Woodruff S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Woodruff S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *31* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)

(12) BIRTHPLACE *Spartanburg Co*

(18) BIRTHPLACE *Spartanburg Co*

(13) OCCUPATION *Merchant*

(19) OCCUPATION *Domestic*

(8) Number of children born to mother, including present birth *2*

(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* at *5 a* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *E. O. Perry M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Woodruff

Given name added from a supplemental report

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

(27) Filed *Aug 17, 1916* (28) *Chas. L. Boyter* 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.