

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 2.—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.

MEGAW OF COLUMBIA. COLUMBIA U. S.

(1) PLACE OF BIRTH County of <u>Saluda</u> Township of <u>#</u> or Inc. Town of City of		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		No. — For State Registrar Only 36330	
		Registration District No. <u>3902</u>		Registered No. <u>49</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>J. T. Cobb</u> [If child is not yet named, make supplemental report as directed]					
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 12, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Burnes Cobb</u>			(14) NAME BEFORE MARRIAGE <u>Lula Gibson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Saluda S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Saluda S.C.</u>		
(10) COLOR OR RACE <u>black</u>			(16) COLOR OR RACE <u>black</u>		
(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)		
(12) BIRTHPLACE <u>Saluda Co S.C.</u>			(18) BIRTHPLACE <u>Saluda</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>13</u>			(21) Number of children of this mother now living, including present birth <u>11</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>12 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Addie Peterson midwife</u>					
(24) State whether <u>Physician or Midwife</u> (25) Address of Physician or Midwife <u>Yarnville S.C.H.S.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 _____ Registrar			(27) Filed <u>Oct 14, 1922</u> (28) <u>J. O. Smith</u> 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.