

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. 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 5.

Office of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Cherokee
Township of Cherokee
or
Inc. Town of
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3548

Registration District No. 10000 Registered No. 8

(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 Linell Cobb

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 36 (6) Are Parents Married? Yes (7) DATE OF BIRTH February 3, 1922

FATHER.

Linell

MOTHER.

Mary Martin

(8) FULL NAME Seymore Cobb.

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER Cherokee Falls, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Cherokee Falls, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Year)

(12) BIRTHPLACE South Carolina.

(18) BIRTHPLACE South Carolina.

(13) OCCUPATION Farmer

(19) OCCUPATION House Wife.

(20) Number of children born to mother, including present birth Ten (10)

(21) Number of children of this mother now living, including present birth Eight (8)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 M. on the date above stated. (Born alive or stillborn) (Hour or P. M.)

(23) (Signature) W. H. Martin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Blacksburg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 10, 1922

(28) Jas. A. Roberts 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.

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