

(1) PLACE OF BIRTH

County of

Richland

Township of

Laurin

or

Inc. Town of

Eastover S.C.

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

23728

Registration District No. *3.803*

Registered No. *154*

(For use of Local Registrar)

(2) Full Name of Child *Herbert Stuart Cotton*

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth *X*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

June 22, 1922

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mr Laurin Cotton

(9) PRESENT POSTOFFICE OF FATHER

Eastover S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

Richland Co.

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Adelle Harmon

(15) PRESENT POSTOFFICE OF MOTHER

Eastover S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Richland Co.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *E. C. [Signature]*

(24) State whether Physician or Midwife *Physician*

(25) Address of Physician or Midwife *Eastover S. C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filled *June 22, 1922*

(28) *[Signature]*

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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McCauley of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in quantities