

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
 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.

(1) PLACE OF BIRTH

County of Blount
 Township of Center
 or
 Inc. Town of
 or
 City of

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

Registration District No. 3500 Registered No. 14
 (For use of Local Registrar)

File No.—For State Registrar Only
5154

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1-4-22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME H. Ready Cobb
 (9) PRESENT POSTOFFICE OF FATHER Fair Play
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34
 (12) BIRTHPLACE GA
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Lizzie Mae Carter
 (15) PRESENT POSTOFFICE OF MOTHER Fair Play
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
 (18) BIRTHPLACE ST
 (19) OCCUPATION domestic
 (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 at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. B. M.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 27 1922 (28) A. P. Martin
 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.