

(1) PLACE OF BIRTH
County of Abbeville
Township of

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

File No.—For State Registrar Only
6169

Inc. Town of Registration District No. 1A Registered No. 29
(For use of Local Registrar)
City of Abbeville (No. 23 Mill St. 5 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Alvin Warren 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 Parents Married? Yes (7) DATE OF BIRTH Nov. 17 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Henry Cox
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(Years)
(12) BIRTHPLACE Abbeville Co S.C
(13) OCCUPATION Mill Work
(14) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Alese Bell
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
(Years)
(18) BIRTHPLACE Aiken Co. S.C
(19) OCCUPATION Housewife
(20) 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 2 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) C.C. Gambrell M.D
(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 Nov. 20, 1922 (28) Miss Julia M. Wallister
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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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.