

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 1.

(1) PLACE OF BIRTH

County of Wilmington
Township Society Hill
or
Inc. Town of
or
City of

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

No. — For State Registrar Only
833

Registration District No. 5c Registered No. 1
(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 Julius Cotton (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 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 21 23
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bern Cotton
(9) PRESENT POSTOFFICE OF FATHER Society Hill
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm Worker
(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Annie Richardson
(16) PRESENT POSTOFFICE OF MOTHER Society Hill
(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 23
(19) BIRTHPLACE S.C.
(20) OCCUPATION Farm Worker
(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 Born alive at 5-7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annie Richardson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Society Hill

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 27 23 Local Registrar

*When there was no attending physician or midwife, 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.