

MARGIN RESERVED FOR FINDING. WHEN FILLING, WITH ENFOLDING ENCL. THIS IS A PERMANENT RECORD. 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 <u>York</u> Township of <u>Marionville</u> or Inc. Town of..... 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 Registration District No. <u>3003</u> | | File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">31071</div> | |
| | | Registered No. <u>64</u> (For use of Local Registrar) | | | |
| (2) Full Name of Child <u>Elmerette</u> | | (No. St.; Ward) (If child is not yet named, make supplemental report as directed) | | | |
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Sept 12 1922</u> (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Francis E. Cobb</u> | | | (14) NAME BEFORE MARRIAGE <u>Leasia Davis</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Marionville</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Marionville</u> | | |
| (10) COLOR OR RACE <u>col</u> | | | (16) COLOR OR RACE <u>col</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>32</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>19</u> (Years) | | |
| (12) BIRTHPLACE <u>SC</u> | | | (18) BIRTHPLACE <u>SC</u> | | |
| (13) OCCUPATION <u>House Painter</u> | | | (19) OCCUPATION <u>House Help</u> | | |
| (20) Number of children born to mother, including present birth <u>1</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | | |
| 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) <u>Dr. J. H. Cobb</u> | | | | | |
| (24) State whether Physician or Midwife <u>Physician</u> | | | | | |
| (25) Address of Physician or Midwife <u>Marionville</u> | | | | | |
| Given name added from a supplemental report | | | (26) Witness..... (Signature of Witness necessary only when question 23 is signed by mark) | | |
| 19..... Registrar | | | (27) Filed <u>Sept 24 1922</u> (28) <u>Nice 10/2/22</u> 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. | | | | | |

BECAUSE OF COLUMBIA, COLUMBIA, S. C.