

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

2362

Registration District No. 342 Registered No. 1011

(For use of Local Registrar)

(No. 221 Piccadilly St.; Ward)

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

2) Full Name of Child. *Philip Marie Cox* { child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *girl* (4) Twin or Triplet? - (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan 10* *1912*(8) NAME BEFORE MARRIAGE *Sola Singletary* (9) PRESENT POSTOFFICE OF MOTHER *Blue Springs*(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *25* (12) COLOR OR RACE *W* (13) AGE AT LAST BIRTHDAY *24*(14) BIRTHPLACE *NC* (15) OCCUPATION *septic worker* (16) BIRTHPLACE *NC* (17) OCCUPATION *housewife*

(18) Number of children born to mother, including present birth (19) Number of children of this mother now living, including present birth