

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 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 Greene  
 Township of Center  
 OR  
 Inc. Town of.....  
 OR  
 City of..... (No. .... St.; .... Ward)  
 (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  
**43879**

Registration District No. 3500 Registered No. 160  
 (For use of Local Registrar)

**(2) Full Name of Child** Leuther { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 22 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Paul Cobb

(9) PRESENT POSTOFFICE OF FATHER Fairplay

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Cornelia Ga

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1/1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Miriam Harrison

(15) PRESENT POSTOFFICE OF MOTHER Fairplay

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Cornelia Ga

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living, including present birth 1/1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ... As live ... at 2 ... A.M.,  
 on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)

(23) (Signature) Lula Steele Midwife  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 .....  
 ..... 19 .....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 9 1923 (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.

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DEPARTMENT OF COLUMBIA, S. C.