

PLACE OF BIRTH  
County of Harvey  
Township of St. Charles

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

File No. — for State Registrar Only  
**14496**

or  
Inc. Town of ..... Registration District No. 2516 Registered No. 12  
(For use of Local Registrar)  
or  
City of ..... (No. .... 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 David Cogdell ..... 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? no (7) DATE OF BIRTH March 12 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Henrietta Cogdell</u>
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER	<u>St. Charles</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE <u>Harvey</u>		(18) BIRTHPLACE <u>Harvey</u>	
(13) OCCUPATION		(19) OCCUPATION <u>Housewife</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 (L. West) on March 12 1923 P. M.  
(Born alive or stillborn) (Hour A. M. of P. M.)  
on the date above stated.

(23) (Signature) L. West  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Charles

Give name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 13 1923 (28) L. West 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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