

(1) PLACE OF BIRTH

County of W. 421

Township of

or
Inc. Town ofor
City of W. 421

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

12753

Registration District No. 3-2 Registered No. 52
(For use of Local Registrar)

(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 Martha Elizabeth Cobb If child is not yet named, make supplemental report as directed3 SEX OR
ONLY
4 Twin
or Triplet
To be answered only in event of Twin or Triplet
(5) Number in
order of birth
(6) Are
Parents
Married
(7) DATE OF
BIRTH
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>W. 421</u>	(14) NAME BEFORE MARRIAGE	<u>Anna Beall Jenkins</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>W. 421</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Wilmington</u>
(10) COLOR OR RACE	<u>W. 421</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>23</u>	(17) AGE AT LAST BIRTHDAY	<u>21</u>
(12) BIRTHPLACE	<u>D.C.</u>	(18) BIRTHPLACE	<u>Wilmington</u>
(13) OCCUPATION	<u>W. 421</u>	(19) OCCUPATION	<u>W. 421</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 I. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. 421

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement- al report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
19	(27) Filed <u>4-12-1923</u> (28) <u>W. 421</u> Registrar 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.

a Supplementary report (Date of)
Address W. 421
Filed 19