

Form No. 1

(1) PLACE OF BIRTH

County of OceanTownship of Lugaw

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
22027Registration District No. 3505Registered No. 127
(For use of Local Registrar)

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

(2) Full Name of Child John R. Cobb If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parent Married Yes

(7) DATE OF BIRTH

July 20, 1923

FATHER.

(8) FULL NAME

John R. Cobb

(9) PRESENT POSTOFFICE OF FATHER

Westminster

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

18

(12) BIRTHPLACE

Ocean Co SC

(13) OCCUPATION

Farming

(14) NAME BEFORE MARRIAGE

Dring Marcella

(15) PRESENT POSTOFFICE OF MOTHER

Westminster SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

Ocean Co SC

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated. (Signature or stillborn)

(22) (Signature)

(23) State of Physician or Midwife

South Carolina

(24) State of Physician or Midwife

MedwayWestminster SC

Given name added from a supplemental report

and LaneyCh. 24

(25) Witness

(Signature of Witness necessary when question 23 is signed by mother)

(26) July 21, 1923(27) 223

(28) 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. If report is desired of stillbirths before the fifth month of pregnancy.