

(1) PLACE OF BIRTH

County of Colleton
 Township of Marshall
 or
 Inc. Town of
 or
 City of Marshall
 (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

2653

(2) Full Name of Child Willie Belle Cody

Registered No. 16
 (For use of Local Registrar)
 St.; 3 Ward
 If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>girl</u>	(2) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>1st</u>	(4) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>Jan. 25, 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(6) FULL NAME <u>Geo. W. Cody</u>			(7) NAME BEFORE MARRIAGE <u>Henry Metants</u>	
(8) PRESENT POSTOFFICE OF FATHER <u>College Ave</u>			(9) PRESENT POSTOFFICE OF MOTHER <u>College Ave</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(12) BIRTHPLACE <u>Marshall N.C.</u>	(13) COLOR OR RACE <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(15) OCCUPATION <u>Colleen mill work</u>			(16) BIRTHPLACE <u>Chester S.C.</u>	
(17) OCCUPATION <u>Domestic</u>			(18) OCCUPATION	
(19) Number of children born to mother, including present birth <u>1-8</u>			(20) Number of children of this mother now living, including present birth <u>1-7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at Marshall on the date above stated.
 (23) (Signature) [Signature] (Hour A. M. or P. M.)
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness

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

(27) Filed

2-10-22

(28)

[Signature]
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.

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.