

(1) PLACE OF BIRTH

County of Colleton
Township of
or
Inc. Town of
or
City of Marion

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

File No. — For State Registrar Only

2653

Registration District No. 42-A Registered No. 176
(For use of Local Registrar)

(2) Full Name of Child Lillie Belle Cody

If child is not yet named, make supplemental report as directed

(4) BOY OR GIRL <u>girl</u>	(5) Twin or Triplet? <u>.....</u>	(6) Number in order of birth <u>.....</u>	(7) Are Parents Married? <u>.....</u>	(8) DATE OF BIRTH <u>Nov. 25, 1922</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(9) FULL NAME <u>Geo. W. Cody</u>	(10) PRESENT POSTOFFICE OF FATHER <u>College St</u>	(11) COLOR OR RACE <u>white</u>	(12) BIRTHPLACE <u>Marshall N.C.</u>	(13) OCCUPATION <u>Colleen mill work</u>
(14) NAME BEFORE MARRIAGE <u>Henry Metants</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>College St</u>	(16) COLOR OR RACE <u>white</u>	(17) BIRTHPLACE <u>Chesler S.C.</u>	(18) OCCUPATION <u>Domestic</u>
(19) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(20) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(21) Number of children born to mother, including present birth <u>1-8</u>	(22) 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 on the date above stated.
(Born of) (Hour A. M. or P. M.)

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

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

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

(27) Filed 2-10-22 (28) H. S. Harriot 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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