

## (1) PLACE OF BIRTH

County of Edgefield  
 Township of Pickens  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

17509

Registration District No. 1808 Registered No. 19.....  
 (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

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

(1) BOY OR GIRL Girl (2) Twin or Triplet No (3) Number in order of birth 1  
 To be answered only in event of Twin or Triplet (4) Are Parents Married Yes (5) DATE OF BIRTH June 2, 1920  
 (Name of Month) (Day) (Year)

## FATHER.

(6) FULL NAME Robert Cobb  
 (7) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.  
 (8) COLOR OR RACE Negro (9) AGE AT LAST BIRTHDAY 44  
 (10) BIRTHPLACE Edgefield  
 (11) OCCUPATION Farmer

## MOTHER.

(12) NAME BEFORE MARRIAGE Maria Weaver  
 (13) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.  
 (14) COLOR OR RACE Negro (15) AGE AT LAST BIRTHDAY 42  
 (16) BIRTHPLACE Edgefield  
 (17) OCCUPATION Housewife  
 (18) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was L. C. Brown Living at Edgefield S.C.  
 on the date above stated. (Born alive or stillborn) (Sex: A. M. or P. M.)

(23) (Signature)

(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)

(27) Filed

1/1/2119203

(28)

Local Registrar1/1/2119203Local Registrar1/1/2119203Local Registrar1/1/2119203Local 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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