(1) PLACE OF BIRTH

County of Georgetown

Township of ...X...

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
28394

Registration District No. 7103. Registered No. 116
(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 Luther Cobb

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

(3) SEX OR SINGLE	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH (Month)	(Day)	(Year)
Male	To be answered only in event of Twins or Triplets		yes	Sept	19	1925

FATHER

(8) FULL NAME Richard Cobb

(9) PRESENT POSTOFFICE OF FATHER Andrews SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52 (Years)

(12) BIRTHPLACE Georgetown Co SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

MOTHER

(14) NAME BEFORE MARRIAGE Mary Long

(15) PRESENT POSTOFFICE OF MOTHER Andrews SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Georgetown Co SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Docia Long Mantz

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Kingstree SC

Given name added from a supplemental report

..... 19....
Registrar

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

(27) Filed Sept 25 1925. (28) Wm Bailey
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.

Registrar

..... 19....

(27) Filed Sept 20 1925. (28) Wm Bailey
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.

If a child is born out of WEDLOCK, WRITE UNFADING INK—THIS IS A PERMANENT RECORD.
If a case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.