

NOTED PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Newberry
Township of Mooring
or
Inc. Town of
or
City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39503

Registration District No. 3407 Registered No. 555
(For use of Local Registrar)

(2) Full Name of Child George Cobb (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 1, 27
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Cobb

(9) PRESENT POSTOFFICE OF FATHER Chappells, S.C. R#1

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Newberry Co. S.C.

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Green

(15) PRESENT POSTOFFICE OF MOTHER Chappells, S.C. R#1

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Newberry Co. S.C.

(19) OCCUPATION Farm Hand

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bessie Green

(24) State whether Physician or Midwife Midwife (Address of Physician or Midwife)

Given name added from a supplemental report

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

(27) Filed Nov 6, 27 (28) Dr. Boazer (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.