

(1) PLACE OF BIRTH

County of SaludaTownship of 2

In. Town of

City of

(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

11916

Registration District No. 3701Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child John Lester Cogburn Jr. 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 Mar. 19, 03

(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER John Lester Cogburn

FATHER.

(9) PRESENT RESIDENCE OF FATHER Ridge Spring, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE near Ridge Spring(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Barbara Speicher

MOTHER.

(15) PRESENT RESIDENCE OF MOTHER Ridge Spring, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19

(Years)

(18) BIRTHPLACE Chicago, Ill.(19) OCCUPATION Housewife(20) 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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. P. F. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys Ridge Spring

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 12, 1903(28) Mrs. J. S. Cronch 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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