

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
 Township of Carmichael
 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

42068

Registration District No. 1601 Registered No. 119
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph Louis Cottingham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 26, 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom H. Cottingham
 (9) PRESENT POSTOFFICE OF FATHER Dillon, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52 (Years)
 (12) BIRTHPLACE Little Rock, S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Berley Thompson
 (15) PRESENT POSTOFFICE OF MOTHER Dillon, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Dillon County, S.C.
 (19) OCCUPATION Domestic

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

(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 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie J. Sanford(24) State whether Physician or Midwife(25) Address of Physician or Midwife Dillon, S.C.

Given name added from a supplemental report

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

(27) Filed Jan 2 1923 (28) W. A. Salub 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.

N. B.—In 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.