

(1) PLACE OF BIRTH

County of CharlestonTownship of CharlestonInc. Town of CharlestonCity of Charleston

(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

5200

Registration District No. 40.08Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child Jessie Cox

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Age at birth <u>7 1/2</u>	(7) DATE OF BIRTH <u>July 23</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Pickens, J. N. Cox</u>			MOTHER.	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>			(14) NAME BEFORE MARRIAGE <u>Hazel Brooks</u>	
(10) COLOR OR RACE <u>N</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>	
(11) AGE AT LAST BIRTHDAY <u>77</u> (Years)			(16) COLOR OR RACE <u>N</u>	
(12) BIRTHPLACE <u>Moore, S.C.</u>			(17) AGE AT LAST BIRTHDAY <u>76</u> (Years)	
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Jasannah, Ga.</u>	
(19) Number of children born to mother, including present birth <u>2</u>			(20) OCCUPATION <u>House-wife</u>	
(21) Number of children of this mother now living, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Home N or H.M.)(23) (Signature) M. J. Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 4 1923(28) Mrs. B. F. Parker
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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