

County of Horry,

Township of Bozeman

Inc. Town of Albany.....

City of

(2) Full Name of Child. Marie Genette Cox.....

43240

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

Registration District No. 2500 Registered No. 1019
(For use of Local Registrar)

(3) **BOY OR GIRL?** Girl

(4) **Twin or Triplet?** No

(5) **Number in order of birth**

(6) **Are Parents Married?** Yes

(7) **DATE OF BIRTH** 12 1942
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jillie Lee

(9) PRESENT POSTOFFICE OF FATHER Lorio S.E.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE *Laurel Co*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth { ... Two ... }

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Linn

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR ml. t. (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE *h. c.*

(19) OCCUPATION Student

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 4-1-44 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *[Handwritten Signature]*

(24) State whether Physician or Midwife (25) Address of Applicant

Given name added from a supplemental report.

(26) Witness Don W. Bunker

(Signature of Witness necessary only when question 28 is signed by mark)

1000 - Mr. General

(27) Filed Dec 9 1915 (28) 120 Total Page(s) 1

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.