

## (1) PLACE OF BIRTH

County of Pickens

Township of .....

or Town of Pickens

or .....

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

19862

Registration District No. 3705Registered No. 73  
(For use of Local Registrar)

## (2) Full Name of Child

Inf. Todd Cox Jr.

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

(3) SEX Boy(4) Twin I(5) Number in order of birth I(6) Age at birth yes(7) DATE OF BIRTH May 16 1922

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Inf. Todd Cox(9) PRESENT POSTOFFICE OF FATHER Pickens SC(10) COLOR White (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Laurens Co.(13) OCCUPATION Preacher(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Hargrove(15) PRESENT POSTOFFICE OF MOTHER Pickens SC(16) COLOR White (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Laurens Co.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Pickens SC

Given name added from a supplemental report

..... 191.....

.....

Registrar

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

(27) Filled ..... 191..... (28) ..... 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.

before the fifth month of pregnancy.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

City of Columbia