

(1) PLACE OF BIRTH

County of Florence
 Township of

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

File - For this birth date
20270

City of Florence No. Sanborn Manual Ward 1st
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child James Cole If child is not yet named, make supplemental report as directed

BOY OR GIRL Boy Sex Male Age 9 1/2 Years Yes Date of Birth 9-6-23
 (Specify Month Day Year)

FATHER
 FULL NAME Howard Cole
 PRESENT POSTOFFICE OF FATHER Cheney SC
 (16) COLOR OR RACE white (17) AGE AT BIRTH 42
 (18) BIRTHPLACE Cheney SC
 (19) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4 out

MOTHER
 (14) NAME BEFORE MARRIAGE Edith Hauer
 (15) PRESENT POSTOFFICE OF MOTHER Cheney SC
 (16) COLOR OR RACE white (17) AGE AT BIRTH 26
 (18) BIRTHPLACE Bennettville SC
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 4 out

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was 23 years of age on the date above stated. (Sign here as physician or midwife) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. M. Russell
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Florence SC

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 14, 1923 (28) P. H. Brish 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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