

RECORDS, WITH UNRECORDED INFORMATION, THIS IS A PERMANENT RECORD
 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.
 RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Wm.burg Co
 Township of Mining #9
 or
 Inc. Town of _____
 City of _____ (No. _____ St. _____ Ward _____)
 (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
9459

Registration District No. 4307 Registered No. 9
 (For use of Local Registrar)

(2) Full Name of Child Hattie Adel Cox (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD GIRL (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 22 1922
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>John Cox</u>	(14) NAME BEFORE MARRIAGE <u>Hattie Judson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Andrews S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Andrews S.C.</u>
(10) COLOR OR RACE <u>W</u>	(16) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE _____	(18) BIRTHPLACE _____	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Teacher</u>
(20) Number of children born to mother, including present birth <u>1</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 _____ at _____ M., on the date above stated. (Born alive or stillborn) (Boer & M. or P. M.)

(23) (Signature) Sarah H. H. H.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Andrews S.C.

Given name of child from a supplemental report _____

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
John L. H. H. (27) John L. H. H. (28) John L. H. H.
 Registrar 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.