

## (1) PLACE OF BIRTH

County of LancasterTownship of West Creekor  
Inc. Town of .....or  
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

4731

Registration District No. .... Registered No. 28  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 22 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>E. M. Cox</u>			(14) NAME BEFORE MARRIAGE <u>Lena Cate</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>West Creek</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>West Creek</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>La.</u>			(18) BIRTHPLACE <u>La.</u>	
(13) OCCUPATION <u>Stone mason</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) M. B. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
West Creek

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 1 1922

(28)

1922

(29)

Local RegistrarWhen 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.N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the  
PLACENTHON, No. 1. THE OTHER, No. 2, etc., in question 5.  
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