(1) PLACE OF BIRTH

County of Greenville

Township of Lepick Spring

or

Inc. Town of ..... Registration District No. 2204 Registered No. 23

or (For use of Local Registrar)

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
90059

(2) Full Name of Child Alfred Earl Cox

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (To be answered only in event of Twin or Triplet)

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 7 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME F. E. Cox

(9) PRESENT POSTOFFICE OF FATHER Greer Sta.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Greenville Co.

(13) OCCUPATION Mill Operative

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

MOTHER.

(14) NAME BEFORE MARRIAGE Nera Miller

(15) PRESENT POSTOFFICE OF MOTHER Greer Sta.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Greenville Co.

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 8 (Hour A. M. or P. M.) A. M., on the date above stated.

(23) (Signature) J. E. Hodgdon

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Greer Sta.

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Jan 8 1917 (28) F. G. Jones 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.

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

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