Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township of Bebrern

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
1607

Registration District No. 304 Registered No. 17
(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name instead of street and number.

(No. ..... St.; ..... Ward)

(2) Full Name of Child Lonnie Cottingham

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 Twins or Triplets

5 Number in order of birth

6 Age Parents Married? Yes

7 DATE OF BIRTH: Feb 28 1923 (Name of Month, Day, Year)

FATHER

8 FULL NAME: Arthur Cottingham

9 PRESENT POSTOFFICE OF FATHER: Clio R 2

10 COLOR OR RACE: White

11 AGE AT LAST BIRTHDAY: 29 Years

12 BIRTHPLACE: S C

13 OCCUPATION: Farmer

20 Number of children born to mother, including present birth: 2

MOTHER

14 MAIDEN NAME OF MARRIAGE: Carrie Lee

15 PRESENT POSTOFFICE OF MOTHER: Clio R 2

16 COLOR OR RACE: Black

17 AGE AT LAST BIRTHDAY: 26 Years

18 BIRTHPLACE: S C

19 OCCUPATION: Cotton

21 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 1/2 A.M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Mary Rexnis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

.....

.....

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Received Feb 26 1923 (28) M. W. Willcox
Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this report. If a child is born dead without having been reported as stillborn, no report is desired of stillbirths before the seventh month of pregnancy.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD

FIRST-Child, No. 1 THIS OFFICE. No. 2, etc., in question 5

Space for Consular Number, if any