

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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.

(1) PLACE OF BIRTH  
 County of Williamsburg  
 Township of Johnson  
 or  
 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  
87794

Registration District No. 4304 Registered No. 165  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth Three (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 28 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Stacy White Cox  
 (9) PRESENT POSTOFFICE OF FATHER Hemingway, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 3 (Years)  
 (12) BIRTHPLACE Williamsburg Co., S.C.  
 (13) OCCUPATION Planter  
 (20) Number of children born to mother, including present birth 3

MOTHER.  
 (14) NAME BEFORE MARRIAGE Minnie Francis Rogers  
 (15) PRESENT POSTOFFICE OF MOTHER Hemingway, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE Williamsburg Co., S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. H. Lammerson, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hemingway, S.C.  
 Given name added from a supplemental report .....  
 (26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec 14 1916 (28) E. H. Lammerson 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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.