

## (1) PLACE OF BIRTH

County of Endicott  
 Township of Endicott  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3714

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

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

(2) Full Name of Child Francis V. Cogburn If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Male 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Feb. 28, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Hugh Andrew Cogburn  
 9) PRESENT POSTOFFICE OF FATHER Meeting Street S.C.

10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 30  
 (Years)

12) BIRTHPLACE South Carolina

13) OCCUPATION Farming & Mail Carrier

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

## MOTHER.

14) NAME BEFORE MARRIAGE Anna Maude Logue

15) PRESENT POSTOFFICE OF MOTHER Meeting Street S.C.

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 30  
 (Years)

18) BIRTHPLACE

19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M.  
 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) Ellen Butler

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Meeting Street S.C.

(Given name added from a supplemental report)

Francis V. Cogburn

June 18, 1923

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

(27) Filed 19 (28) 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.

THIS IS A PERMANENT RECORD. IN CASE OF TRIPLET OR QUINUPLET, SEPARATE BLANKS FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.