

PLACE OF BIRTH

County of GreeneTown of N. W. 10th

City of

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

(1) Full Name of Child William Stanford Cox(2) SEX OF CHILD Boy(3) Type or Taper To be covered only in case of Taper or Taper(4) Number in order of birth 1st(5) Is child named after father or mother Yes(6) DATE OF BIRTH Sept. 30, 1923

(7) (Name of Month) (Day) (Year)

(8) FATHER'S FULL NAME William S. Cox(9) PRESENT POSTOFFICE OF FATHER Wintona, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Greene Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1(15) MOTHER'S NAME BEFORE MARRIAGE Matie Pearl Payer(16) PRESENT POSTOFFICE OF MOTHER Wintona, S. C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 17 (Year)(19) BIRTHPLACE Greene Co.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated. (Hour, M. or P. M.)(23) (Signature) S. C. Taylor, M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wintona, S. C.

(26) Give name added from a supplemental report

(27) Witness (Signature of Witness necessary; only when question 25 is signed by mark) S. C. Taylor, M.D. (28) Filed 1/25 1924 11:55 Healey 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.

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CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 43866Registration District No. 2012 Registered No. 18 (For use of Local Registrar)

(No. (St.) (Ward))

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