

(1) PLACE OF BIRTH

County of Conroe
 Township of Regal
 of
 Inc. Town of
 of
 City of

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

No. 1a.—For State Registrar Only
42038

Registration District No. 3505

Registered No. 178
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3 BOY OR GIRL <u>girl</u>	4 Twin or Triplet To be answered only in case of Twin or Triplet	5 Number in order of birth	6 Are Parents Married <u>yes</u>	7 DATE OF BIRTH <u>Sept. 12, 1922</u> (Name of month) (Day) (Year)
FATHER			MOTHER	
8 FULL NAME <u>Luffie L. Cothran</u>			14 NAME BEFORE MARRIAGE <u>Elma L. Powell</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Madison S.C. pt.</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Same</u>	
10 COLOR OR RACE <u>white</u>			16 COLOR OR RACE <u>white</u>	
11 AGE AT LAST BIRTHDAY <u>29</u> (Years)			17 AGE AT LAST BIRTHDAY <u>34</u> (Years)	
12 BIRTHPLACE <u>Greenville Co.</u>			18 BIRTHPLACE <u>Conroe</u>	
13 OCCUPATION <u>Farmer</u>			19 OCCUPATION <u>House wife</u>	
20 Number of children born to mother, including present birth <u>1 if th</u>			21 Number of children of this mother now living, including present birth <u>five</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12:50 A.M. on the date above stated. (Sign alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) H. T. Simpson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Westminster

Given name added from a supplemental report

(26) Witness

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

(27) Jan 12 1923

(28) J. D. Hull
 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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