

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson

Registration District No.

Registered No.

(For use of Local Registrar)

(No. 23 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 Lillian Marie Cox If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH Dec. 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L E Cox(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE I Coner Co S C(13) OCCUPATION mill op(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rose Cook(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE Haywood C N C(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 1:30 M.,
on the date above stated. (Hour - A. M. or P. M.)(23) (Signature) H. S. Smithers M.D.

(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 23 is signed by mark)

..... 19

(27) Filed

(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.

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