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

(1) PLACE OF BIRTH

County of _Horry_

Township of _Bayboro_
or

Inc. Town of _____
or

City of _____

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

**File No.—For State Registrar Only**

4005_

Registration District No. _2.5-6.6_    Registered No. _109_
(For use of Local Registrar)

(No. _____ St.) _____ Ward)

(2) Full Name of Child _Malcom Enos 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 ✓ | (6) Are Parents Married? _yes_ | (7) DATE OF BIRTH _Dec. 8_ 19_23_ (Name of Month) (Day) (Year) |

To be answered only in event of Twins or Triplets

| FATHER. | MOTHER. |
|---|---|
| 8 FULL NAME _Burie Vista Cox_ | (14) NAME BEFORE MARRIAGE _Beatrice Arizona Owens_ |
| 9 PRESENT POSTOFFICE OF FATHER _Loris, S.C. R.T_ | (15) PRESENT POSTOFFICE OF MOTHER _Loris S.C. R.T_ |
| 10 COLOR OR RACE _White_   (11) AGE AT LAST BIRTHDAY _42_ (Years) | (16) COLOR OR RACE _White_   (17) AGE AT LAST BIRTHDAY _35_ (Years) |
| 12 BIRTHPLACE _Horry County, S.C._ | (18) BIRTHPLACE _Horry County, S.C._ |
| 13 OCCUPATION _Farming_ | (19) OCCUPATION _Housewife_ |
| 20 Number of children born to mother, including present birth _6_ | (21) Number of children of this mother now living, including present birth _5_ |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _born alive_ at _11:45_ A.M.,
on the date above stated.   (Born alive or stillborn)   (Hour) M. & P. M.)

(23) (Signature) _J. D. Thomas_

(24) State whether Physician or Midwife _Physician_   (25) Address of Phys. or Midwife _Loris S.C._

Given name added from a supplemental report

_M. Heyward_

_March 6, 19 24_

Registrar

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

(27) Filed _Jan 8_ 1924. (28) _F. E. Bell_
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths. 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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