

(1) PLACE OF BIRTH

County of Harry  
Township of Simpson Creek  
OR  
Inc. Town of.....  
OR  
City of.....

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

File No.—For State Registrar Only  
**43017**

Registration District No. 7504 Registered No. 121  
(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

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

(3) ~~BOY OR GIRL~~ Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 14 1922  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Orison Mace Cox

(14) NAME BEFORE MARRIAGE Fancy Eliza Stevens

(9) PRESENT POSTOFFICE OF FATHER Loris S.C. R2

(15) PRESENT POSTOFFICE OF MOTHER Loris S.C. R2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52  
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE Harry Co. S.C.

(18) BIRTHPLACE Harry Co. S.C.

(13) OCCUPATION Farming

(19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:15 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Roger Richardson  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Loris SC

Given name added from a supplemental report

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

(27) Filed Dec 1 19 22 (28) Roger Richardson 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEGAN OF COLUMBIA, COLUMBIA, S. C.