Form No. 1

(1) PLACE OF BIRTH

County of _Merrell_

Township of _Keefer_

or

Inc. Town of _____

or

City of _Leather Lee_

(No. _____ St.; _____ Ward)

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

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

Registration District No. _3505_   Registered No. _177_
(For use of Local Registrar)

File No.—For State Registrar Only

43913

(2) Full Name of Child _Leather Lee ~~Frank~~ Cobb_ {If child is not yet named, make supplemental report as directed

| (3) BOY OR GIRL? _Girl_ | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? _Yes_ | (7) DATE OF BIRTH _12 10 1922_ (Name of Month) (Day) (Year) |

FATHER.	MOTHER.
(8) FULL NAME _Frank Cobb_	(14) NAME BEFORE MARRIAGE _Leice Jenkins_
(9) PRESENT POSTOFFICE OF FATHER _September_	(15) PRESENT POSTOFFICE OF MOTHER _September_
(10) COLOR OR RACE _Col_ (11) AGE AT LAST BIRTHDAY _39_ (Years)	(16) COLOR OR RACE _Col_ (17) AGE AT LAST BIRTHDAY _38_ (Years)
(12) BIRTHPLACE _S.C._	(18) BIRTHPLACE _S.C._
(13) OCCUPATION _Farming_	(19) OCCUPATION _House Keeper_
(20) Number of children born to mother, including present birth { _10_	(21) Number of children of this mother now living, including present birth { _9_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _alive_ at _9.45_ P.M., on the date above stated.
(Born alive or stillborn)   (Hour A. M. or P. M.)

(23) (Signature) _Mary Harris_

(24) State whether Physician or Midwife _Midwife_

(25) Address of Physician or Midwife

Given name added from a supplemental report

_____

_____, 19 ____
Registrar

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

(27) Filed _12/23_ 19 _22_   **(28)** _W. W. Shelor_
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.