

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
 Township of South
 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

38596

Registration District No. 2247 Registered No. 65
 (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 Sarah Ella Cox If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 10 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Gray Cox
 (9) PRESENT POSTOFFICE OF FATHER Piedmont S.C. Rt. 4
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Householder

MOTHER.

(14) NAME BEFORE MARRIAGE Lucene Green
 (15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C. Rt. 4
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Householder

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. B. Hendrix (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 10 1922 (28) E. B. Hendrix 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.