

(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

27619

County of Charlotte

Township of

OF

Inc. Town of Charlotte

OF

City of

Registration District No. 10004 Registered No. 92

(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 Clara S. Cobb

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH Sep 23 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME C. B. Cobb

(14) NAME BEFORE MARRIAGE Maggie Tyree

(9) PRESENT POSTOFFICE OF FATHER Charlotte NC

(15) PRESENT POSTOFFICE OF MOTHER Blacksburg SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17

(12) BIRTHPLACE NC

(18) BIRTHPLACE Pa

(13) OCCUPATION Grocerman

(19) OCCUPATION H wife

(20) Number of children born to mother, including present birth 3

(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 alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Victor M. Roberts

(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Blacksburg SC

Given name added from a supplemental report
W. H. S. S. S.
1923
Registrar

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

(27) Filed 12 1923 (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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