CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
17849

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of ..... Registration District No. 1-A Registered No. 55
(For use of Local Registrar)
or
City of Abbeville (No. 68 Cotton Mill St.; 3rd Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Johnnie Elizabeth Cox — 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 X
(6) Are Parents Married? Yes
(7) DATE OF BIRTH June 15th 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Bradley Cox
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Abbeville County S.C.
(13) OCCUPATION Mill Operative (Weaver)
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Elizabeth Porter
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Blue Ridge, Ga.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:05 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. K. Power M.D.

(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Abbeville, S.C.

Given name added from a supplemental report ....., 191...
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 15th 1915 (28) [illegible] 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.

*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.

FORM No. 6. NEGRO, REQUIRED FOR BINDING.
NOTE.—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.