

## (1) PLACE OF BIRTH

County of UnionTownship of Lockhart

Inc. Town of .....

City of .....

(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

File No.—For State Registrar Only

44896

Registration District No. 422 Registered No. 158

(For use of Local Registrar)

Sl.; ..... Ward)

(2) Full Name of Child Francis Leroy S. Cobanici If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH July 31 1911 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas Punchery Cobanici(9) PRESENT POSTOFFICE OF FATHER Lockhart S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Mill work(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Donnie Humphill(15) PRESENT POSTOFFICE OF MOTHER Lockhart S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Lockhart S.C. (Born alive or stillborn) (Hour) 1 M., or P. M.) on the date above stated.(23) (Signature) W. D. Cooper (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lockhart S.C.

Given name added from a supplemental report

191....

Registrar

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

(27) Filed Jan 1 1911 (28) W. D. Cooper 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.

MARGIN RESERVED FOR INDEXING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. WHITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—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.