

FORM NO. 6. MARRIAGE REGISTERED BIRTH RECORDING. WHITE PLAINS. 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 2.

(1) PLACE OF BIRTH

County of Union  
 Township of Jackson  
 or  
 Inc. Town of .....

**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)

City of ..... (No. .... Sl. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Francis Harrison Cobanis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 31 1914</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Thomas Punchery Cobanis

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

(23) (Signature) W. D. Cooper  
 (24) State whether Physician or Midwife Physician (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 1914 (28) J. J. ... 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.