

FORM NO. 1.

(1) PLACE OF BIRTH

County of Greorgetown

Township of .....

or  
Inc. Town of Andrews

or  
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

Registration District No. 2103

File No. — For State Registrar Only

42897

Registered No. 92  
(For use of Local Registrar)

(2) Full Name of Child Clara Elizabeth Hogan

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

(3) BOY or GIRL Girl (4) Twin or Triplet Single (5) Number in order of birth 2 (6) Sex Female (7) DATE OF BIRTH Dec 4 1905  
(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER James Leonard Hogan (14) NAME BEFORE MARRIAGE John Allen Cooper

(9) PRESENT POSTOFFICE OF FATHER Andrews, S.C. (15) PRESENT POSTOFFICE OF MOTHER Andrews, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30

(12) BIRTHPLACE Fairfield Co., S.C. (18) BIRTHPLACE Fairfield Co., S.C.

(13) OCCUPATION Druggist (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Andrews, S.C. (Born live or stillborn) (Hour 5 A.M. or P.M.)  
(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Andrews, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 17 1905 (28) J. L. Hogan 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 BINDING.  
N. B.—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.  
McCaw, of Columbia