

(1) PLACE OF BIRTH

County of HorryTownship of Conway

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

30728

Registration District No. 1502Registered No. 144
(For use of Local Registrar)(2) Full Name of Child Nector Cochran

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

Twin

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Sept 23 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Boslie Cochran

(9) PRESENT POSTOFFICE OF FATHER

Conway, R. 1.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

50
(Year)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Laborer & Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lella Jones

(15) PRESENT POSTOFFICE OF MOTHER

Conway, R. 1.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

32
(Year)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

5

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 26 22(28) J. P. Davis 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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