(1) PLACE OF BIRTH

County of Anderson

Township of Williamston

or

Inc. Town of Pelzer

or

City of ..... (No. ..... St.; ..... Ward)

(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
62956

Registration District No. 3-D Registered No. 57
(For use of Local Registrar)

(2) **Full Name of Child** ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? \

(5) Number in order of birth ~~2d~~
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 8 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Guy Cochran

(9) PRESENT POSTOFFICE OF FATHER Pelzer S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Greenville County

(13) OCCUPATION Mill work

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Cole

(15) PRESENT POSTOFFICE OF MOTHER Pelzer S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Oconee County

(19) OCCUPATION Domestic

(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 alive (Born alive or stillborn) at 10 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. R. Shuler

(24) State whether Physician or Midwife M. D.

(25) Address of Physician or Midwife Pelzer 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 July 9 1916 (28) Frances J. Pelzer 3rd
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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