

(1) PLACE OF BIRTH

County of HamptonTownship of Hampton

or

Inc. Town of Hampton

or

City of Hampton (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

90302

Registration District No. 7403Registered No. 75

(For use of Local Registrar)

(2) Full Name of Child Lucien Cochran

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>9</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 19, 1916</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Thomas Cochran(9) PRESENT POSTOFFICE OF FATHER East Branch(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Nine

MOTHER

(14) NAME BEFORE MARRIAGE Mellie Cochran(15) PRESENT POSTOFFICE OF MOTHER East Branch(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Field Work(21) Number of children of this mother now living, including present birth Nine

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Lucien at 8-9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miccia X Blake(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife East Branch

Given name added from a supplemental report

(26) Witness W B Metten (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 18, 1916 (28) W B Metten 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.