

MEANS OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Hampton
 Township of Peoples
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

18984

Registration District No. 240 Registered No. 74
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 27, 22
 To be answered only in event of Twins or Triplets (State of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Perry Cochran</u>	(14) NAME BEFORE MARRIAGE <u>Rosalee Moore</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Varnville SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Varnville SC</u>		
(10) COLOR OR RACE <u>Gold</u> (11) AGE AT LAST BIRTHDAY <u>X</u> (Years)	(16) COLOR OR RACE <u>Gold</u> (17) AGE AT LAST BIRTHDAY (Years)		
(12) BIRTHPLACE <u>NC SC</u>	(18) BIRTHPLACE <u>NC SC</u>		
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>X</u>	(21) Number of children of this mother now living, including present birth <u>X</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive 10 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Perry Cochran, Father
 (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 June 30, 22 (28) L. W. Rogers
 Registrar 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.