

(1) PLACE OF BIRTH  
 County of Clarendon  
 Township of Manning  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
45872

Registration District No. 1307 Registered No. 5  
 (For use of Local Registrar)  
 City of ..... (No. ....) SL; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) ~~BOY OR GIRL?~~ (4) ~~Twins or triplet?~~ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 27 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Willie Cochran  
 (9) PRESENT POSTOFFICE OF FATHER Manning  
 (10) COLOR OR RACE Colord. (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Clarendon, C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 7

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Gussie Cochran  
 (15) PRESENT POSTOFFICE OF MOTHER Manning  
 (16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE Clarendon, C.  
 (19) OCCUPATION Farming  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive 3:30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sarrean Theleson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

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

(27) Filed Feb 5 1916. (28) Ad. T. T. T. 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.