

(1) PLACE OF BIRTH

County of ClarendonTownship of Manning

or

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

45872

Registration District No. 1307 Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child Jessie Lee Cochran

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

(3) ~~Boy or~~  
GIRL?(4) ~~Twin~~  
or triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth 1(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

Jan. 27 1916

## FATHER.

(8) FULL  
NAMEWillie Cochran(9) PRESENT  
POSTOFFICE  
OF FATHERManning(10) COLOR  
OR  
RACEColord.(11) AGE AT LAST  
BIRTHDAY30  
(Years)

(12) BIRTHPLACE

Clarendon, Co.

(13) OCCUPATION

Farming(20) Number of children born to  
mother, including present birth7

## MOTHER.

(14) NAME BEFORE  
MARRIAGEGussie Cochran(15) PRESENT  
POSTOFFICE  
OF MOTHERManning(16) COLOR  
OR  
RACEColord.(17) AGE AT LAST  
BIRTHDAY26  
(Years)

(18) BIRTHPLACE

Clarendon, Co.

(19) OCCUPATION

Farming(21) Number of children of this mother  
now living, including present birth6

## 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.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Barbara Thelton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
tal 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)

W. 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.