

FORM NO. 1

(1) PLACE OF BIRTH

County of Jasper
Township of Robt

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

90441

Inc. Town of Registration District No. 2602 Registered No. 100
(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 Albert Cohen If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 25 1916 31
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Cohen(9) PRESENT POSTOFFICE OF FATHER Pineland SC(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 40
OR RACE (Years)(12) BIRTHPLACE Pineland(13) OCCUPATION Farm(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Murry(15) PRESENT POSTOFFICE OF MOTHER Pineland SC(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 38
OR RACE (Years)(18) BIRTHPLACE Pineland(19) OCCUPATION Farm Help(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 3am 31,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ela Sentling(24) State whether Physician or Midwife MWife (25) Address of Physician or Midwife Pineland SC

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 1 3 1917 G B Conniffe (28) 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCay, of Columbia.