

MARGINS RESERVED FOR INDEXING. REGISTRAR'S PLACED HERE. NORTH PLAINLY, WITH EXPANDING RECORDS, BEARING FOR EACH CHILD, AND MARK THE N. H.—In case of TWINS OR TRIPLETS, BEARING FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Beaufort
Township of Sheldon
or
Inc. Town of.....
or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Edwin Cockley

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in case of Twins or Triplets

(5) Number in order of birth Yes (6) Are Parents Married? Yes

File No.—For State Registrar Only
338

Registration District No. 603A Registered No. 2
(For use of Local Registrar)

St.; Ward)
(If child is not yet named, make supplemental report as directed)

(7) DATE OF BIRTH Jan 9, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Abe Cockley
(9) PRESENT POSTOFFICE OF FATHER Dale, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Year)
(12) BIRTHPLACE Beaufort Co., S.C.
(13) OCCUPATION Farm Laborer

MOTHER.
(14) NAME BEFORE MARRIAGE Thomasena Albright
(15) PRESENT POSTOFFICE OF MOTHER Dale, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39 (Year)
(18) BIRTHPLACE Beaufort Co., S.C.
(19) OCCUPATION Farm Laborer
(20) Number of children of this mother now living, including present birth 4
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Benjamin Williams
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dale, S.C.

Given name added from a supplemental report
(26) Witness J. K. Reynolds
(Signature of witness necessary only when question 23 is signed by mark)
(27) Filed Jan 9, 1922 (28) Mein father 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.