

## (1) PLACE OF BIRTH

County of KershawTownship of De Kalb

Incl. 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  
30861Registration District No. 2701Registered No. 202  
(For use of Local Registrar)

## 2) Full Name of Child

(1) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in case of twins or triplets

FATHER.

(2) FULL NAME Wm. Claud Koch-(3) PRESENT POSTOFFICE OF FATHER Cossatt SC(6) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Kershaw Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2(15) Are Parents Married? Yes(7) DATE OF BIRTH Sept 20 22  
(Name of Month) (Day) (Year)

MOTHER.

(16) NAME BEFORE MARRIAGE Margaret Elliott(17) PRESENT POSTOFFICE OF MOTHER Cossatt SC(18) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 21 (Years)(19) BIRTHPLACE Kershaw Co(20) OCCUPATION Housewife(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 born at 7:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. H. C. Cossatt(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cossatt

Given name added from a supplemental report

..... 101.....

..... Registrar

(26) Witness .....

(Signature of Witness necessary only when question 21 is signed by mother)

(27) Filed Oct 16, 22 (28) W. H. C. Cossatt 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.

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