

## (1) PLACE OF BIRTH

County of AlbemarleTownship of Baldockor  
Inc. Town of .....or  
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

17399

Registration District No. 4602 Registered No. 32

(For use of Local Registrar)

(2) Full Name of Child Marlyn Cohen

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 29 1911</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Wilson Cohen(9) PRESENT POSTOFFICE OF FATHER Baldock S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE South Car(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Three 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jones(15) PRESENT POSTOFFICE OF MOTHER Baldock(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE South Car(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth Three 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Linda Crook(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Martha Cohen

Given name added from a supplemental report

(26) Witness Martha Cohen  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 29 1911 (28) F. H. Boyd M.D.  
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.