

## (1) PLACE OF BIRTH

County of Loxley  
 Township of Hammond  
 or  
 Inc. Town of Baldwin  
 or  
 City of Baldwin

## CERTIFICATE OF BIRTH

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

File No.—For State Register Only

32900

Registration District No 31.. A.. Registered No. 60.....  
 (For use of Local Registrar)

City of Baldwin (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 David E. Cochrell.. If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL Boy (4) Sex Male (5) Number in order of birth 1 (6) Age 1 (7) DATE OF BIRTH 2-11-23  
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME E. L. Cochrell (9) PRESENT RESIDENCE OF FATHER Baldwin (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (12) BIRTHPLACE Loxley (13) OCCUPATION Farmer  
 MOTHER. (14) NAME BEFORE MARRIAGE Myrtle Miller (15) PRESENT RESIDENCE OF MOTHER Baldwin (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (18) BIRTHPLACE Baldwin (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive.. at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. M. Mitchell (24) State whether Physician or Midwife (25) Address of Physician or Midwife Baldwin

Given name added from a supplemental report

Janie S. Sirey  
Jan. 22.. 1924

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Jan. 12, 1924 (28) S. J. Altman 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.

\*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.