CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
337

(1) PLACE OF BIRTH

County of Beaufort

Township of Coosaw
or
Inc. Town of ..... St. ..... Ward)
or
City of ..... (No. ..... of same instead of street and number.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 603 A. Registered No. 1
(For use of Local Registrar)

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

(2) Full Name of Child Roberson Cochran

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	June 2, 1922

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Celia Cochran

(15) PRESENT POSTOFFICE OF MOTHER Dale, S. C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Beaufort Co., S. C.

(19) OCCUPATION Farmer

(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 6 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alton X Cochran
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Dale S. C.

Given name added from a supplemental report .....
..... 19 .....
Registrar

(26) Witness J. Ryan Linn
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 6 1922 (28) Mary Linn
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.

MARION HENSCHEVEF FORD, BINDING,
WHITE PLAINS, N.Y.
NOTICE—In case of failure or refusal to furnish information required by this certificate, the penalty provided by section 12 of the Vital Statistics Law of South Carolina is applicable.