

PLACE OF BIRTH

Dorchester

Dorchester

Twp. d. Summerville,

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 17-A

FILE No.—For State Registrar Only

10913-a

Registered No. 1

(For use of Local Registrar)

Ward

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

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

FULL NAME OF CHILD Henry H. Cochran Jr.

1. Sex of Child ☒ Male ☐ Female
 2. Date of Birth April 22nd, 1922
 3. Full term ☒ Yes ☐ No
 4. Legitimate ☒ Yes ☐ No
 5. Premature ☐ Yes ☒ No
 6. Twin, triplet, or other ☐ Yes ☒ No
 7. Number, in order of birth

FATHER

Henry H. Cochran

18. Full maiden name

MOTHER Hayne

Eloise Hutchinson

Residence (usual place of abode)
(If nonresident, give place and State)

Charleston, S. C.

Color or race

White

Age at last birthday

20 (Years)

Birthplace (city or place)
(State or country)

Summerville, S. C.

Trade, profession, or particular
kind of work done, as spinner,
sewer, bookkeeper, etc.

Housewife

Industry or business in which
work was done, as silk mill,
wool, bank, etc.

Examiner

Total time (years) last
engaged in this work

19

Total time (years) last
engaged in this work

19

Number of children of this mother:
(a) Born alive and now living

1

(b) Born alive but now dead

X

(c) Stillborn

X

Cause of stillbirth

Before labor

During labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:15 p.m. on the date above stated

(Born alive or stillborn)

(Signed) J. Julian Canale, M.D.

Address Summerville, S.C.

Filed 2-60, 1922 Ang Hamilton Registrar

(Date of)

Registrar