

(1) PLACE OF BIRTH

County of *Lexington*Township of *Lexington*Inc. Town of *Lexington*City of *Lexington*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

41520

Registration District No. *3104*Registered No. *34*
(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH (Month of Month) (Day) (Year) <i>Sept 18 1933</i>
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FATHER.		MOTHER.	
(8) FULL NAME <i>Louis Cochran</i>	(14) NAME BEFORE MARRIAGE <i>Fran O'Grady</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Batesburg</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Batesburg</i>
(10) COLOR OR RACE <i>white</i>	(16) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>38</i>	(17) AGE AT LAST BIRTHDAY <i>31</i>
(12) BIRTHPLACE <i>Lexington County</i>	(18) BIRTHPLACE <i>Lexington County</i>	(13) OCCUPATION <i>farming</i>	(19) OCCUPATION <i>Domestic</i>
(20) Number of children born to mother, including present birth <i>Two</i>	(21) Number of children of this mother now living, including present birth <i>Two</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* on the date above stated.(23) (Signature)
Physician(24) State whether *Physician or Midwife*(25) Address of Physician or Midwife
Lexington

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Dec 23 1933* (28) *A. B. L. Smith*
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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