

When a child is born, the parent or guardian must file a birth record with the local health officer. This is a permanent record. In the case of twins or triplets, use a separate blank for each child, and mark the first-born, No. 1, the other, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of York  
Township of Spring Mt  
or  
Inc. Town of Elbow  
or  
City of \_\_\_\_\_

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9559

Registration District No. 4407 Registered No. 118

(For use of Local Registrar)

(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

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

(3) BOY OR GIRL girl  
(4) Twin or Triplet? No  
(5) Number in order of birth 1  
To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes  
(7) DATE OF BIRTH March 22, 1922  
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Robert Hays Cochrane

(14) NAME BEFORE MARRIAGE Mary Hicklin

(9) PRESENT POSTOFFICE OF FATHER Elbow S.C.

(15) PRESENT POSTOFFICE OF MOTHER Elbow S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE Albion Co

(18) BIRTHPLACE Charleston

(13) OCCUPATION Teacher

(19) OCCUPATION House wife

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

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6:15 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Hicklin  
(24) State, whether Physician or Midwife Physician (25) Address of Physician or Midwife Elbow S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by a physician)  
Mary Hicklin

(27) Local Registrar (Signature)  
W. H. Hicklin

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.