

(1) PLACE OF BIRTH

County of York  
Township of Spring Mt  
or  
Inc. Town of Elburn  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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. 18  
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH March 27, 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Murray Cochrane  
(9) PRESENT POSTOFFICE OF FATHER Clower S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Abbeville Co  
(13) OCCUPATION Teacher  
(20) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Hicklin  
(15) PRESENT POSTOFFICE OF MOTHER Clower S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE Chester Co  
(19) OCCUPATION House wife  
(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. K. McNeil M.D. (24) State, whether Physician or Midwife SC (25) Address of Physician or Midwife Clower S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by a doctor) W. K. McNeil  
(27) Registrar W. K. McNeil (28) 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.

RECORDS BUREAU, STATE DEPARTMENT OF HEALTH - THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. RECORD OF COLUMN, COLUMN 6, C.