

N. B.—In 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.
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
63755

Registration District No. 100 Registered No. 122
 (For use of Local Registrar)

(2) Full Name of Child Leona Greene Cochran If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Miller Cochran
 (9) PRESENT POSTOFFICE OF FATHER Abbeville SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39 (Years)
 (12) BIRTHPLACE Abbeville SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Leona Greene
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE Abbeville SC
 (19) OCCUPATION Housewife
 (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 at Abbeville 2 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) C. J. Gumbert (24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by clerk)
 (27) Filed June 5 1916 (28) J. C. Reese 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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