

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

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

2) Full Name of Child Liddy Cohen

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

to be answered only in case of twins or triplets

FATHER.

(6) FULL NAME

(7) PRESENT POSTOFFICE OF FATHER

(8) COLOR OR RACE

(9) AGE AT LAST BIRTHDAY

(Years)

(10) BIRTHPLACE

(11) OCCUPATION

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

11

(13) Are Parents Married?

(14) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(Years)

(19) BIRTHPLACE

(20) OCCUPATION

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

\*When there was no attending physician or midwife, the mother, or some other person, should make this return. If a child breathes even once, it is considered as born, and should be reported as such.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4166

Registration District No. 4 Registered No. 9

(For use of Local Registrar)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 1.  
McCurdy of Columbia