

(1) PLACE OF BIRTH

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

File No.—For State Registrar Only  
**50409**

County of Spartanburg  
Township of Spartanburg  
or  
Inc. Town of Spartanburg  
or  
City of Spartanburg (No. 6)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 110-A Registered No. 440  
(For use of Local Registrar)  
St.; ..... Ward

(2) Full Name of Child ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 1 1911  
(To be printed only in event of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Geo. S. Cohen  
(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 60 (Years)  
(12) BIRTHPLACE .....  
(13) OCCUPATION Minister  
(20) Number of children born to mother, including present birth 7

MOTHER.  
(14) NAME BEFORE MARRIAGE .....  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 50 (Years)  
(18) BIRTHPLACE .....  
(19) OCCUPATION Housekeeper  
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.  
(23) (Signature) Geo. H. F. T. M. T.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report  
....., 191.....  
..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Mar 1 1911 (28) Geo. S. Cohen 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.

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.

M. B. McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE