(1) PLACE OF BIRTH

County of Union

Township of .....

or Inc. Town of .....

or City of Union

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
8703

Registration District No. 42-A Registered No. 28
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Harry Lincoln Cohen (If child is not yet named, make supplemental report as directed)

(3) Sex of Child: Boy (4) Twin or Triplet: — (5) Number in order of birth: — (6) Are parents married: Yes (7) Date of birth: 2/16 (Name of Month) 22 (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER	MOTHER
(8) Full name: Wm Paul Cohen	(14) Name before marriage: Ada Black
(9) Present postoffice of father: Union SC	(15) Present postoffice of mother: Union SC.
(10) Color or race: W.	(16) Color or race: W.
(11) Age at last birthday: 27 (Years)	(17) Age at last birthday: 22 (Years)
(12) Birthplace: Spartanburg Co, S C	(18) Birthplace: Lincoln Co. N C
(13) Occupation: Mill Operating	(19) Occupation: Domestic
(20) Number of children born to mother, including present birth: 1	(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 1:30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) H N Mayfield M.D.

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

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 4-10 1923 (28) B. E. Garrett
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.