

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 or
 Inc. Town of

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

No. 13206

Registration District No. 9.1.5 Registered No. 40
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(3) SEX OF CHILD Male (4) Type or Triplet No (5) Number in order of birth 1 (6) Age of mother 29 (7) DATE OF BIRTH March 29, 1933
 To be answered only in case of Twins or Triplets (Month of Month) (Day) (Year)

FATHER
 (8) FULL NAME Richard Cohen
 (9) PRESENT RESIDENCE OF FATHER Johns Island
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Johns Island
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth Seven

MOTHER
 (14) NAME BEFORE MARRIAGE Bora Belle White
 (15) PRESENT RESIDENCE OF MOTHER Johns Island
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Johns Island
 (19) OCCUPATION Farm Laborer
 (21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lillian Benson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

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(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Filed May 1, 1933 (28) Mrs. E. H. Hills 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.

U. S. - 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 2.