

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Edgefield*

STATE OF SOUTH CAROLINA.

File No. For State Registrar Only

52034

Township of *North*

Bureau of Vital Statistics
State Board of Health

or
Inc. Town of

Registration District No. *1807* Registered No. *6*

(For use of Local Registrar)

or
City of

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

(2) Full Name of Child *James Monroe Cochran*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>None</i> <small>Is answered only in case of Twins or Triplets</small>	(5) Number in order of birth <i>one</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Oct 28 1916</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME *James Strom Cochran*

(14) NAME BEFORE MARRIAGE *Jemie McGee*

(9) PRESENT POSTOFFICE OF FATHER *Clora SC*

(15) PRESENT POSTOFFICE OF MOTHER *Clora SC*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *29*
(Years)

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *26*
(Years)

(12) BIRTHPLACE *Edgefield Co*

(18) BIRTHPLACE *Edgefield Co*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *House Wifes*

(20) Number of children born to mother, including present birth *four*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *D. Harrison*

(24) State whether Physician or Midwife *Physician*

(25) Address of Physician or Midwife *Clora SC*

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

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(27) Filed *Mar 30 1916* (28) *L. H. Drums* 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MCCAW, of Columbia.