

No. 3

## PLACE OF BIRTH

City of Charleston

Township of \_\_\_\_\_

or \_\_\_\_\_

City of \_\_\_\_\_

City of Charleston

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Registration District No. \_\_\_\_\_

No. 209 King

FILE No.—For State Registrar Only

20063 A

Registered No. \_\_\_\_\_

(For use of Local Registrar)

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

Full Name of Child Frank Constantine Cockinos

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

BOY OR  
GIRL  
MALE4. Twin or  
Triplet?5. Number in order  
of birth6. Are  
Parents  
Married? Yes

7. DATE OF BIRTH

July 8 1923

(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

## FATHER

FULL NAME Constantine K. CockinosPRESENT  
POSTOFFICE  
OF FATHER 209 King StCOLOR  
OR  
RACEWhite11. AGE AT LAST  
BIRTHDAY47  
(Years)

BIRTHPLACE

Nisbyros Island

OCCUPATION

MerchantNumber of children born to  
father, including present birth2

## MOTHER

14. NAME BEFORE  
MARRIAGE Irene N. Zapetis15. PRESENT  
POSTOFFICE  
OF MOTHER 209 King St.16. COLOR  
OR  
RACEWhite17. AGE AT LAST  
BIRTHDAY37  
(Years)

18. BIRTHPLACE

Nisbyros Island

19. OCCUPATION

Housewife21. Number of children of this mother  
now living, including present birth2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

2.20 P.M.I hereby certify that I attended the birth of this child, who was alive at 2.20 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)Dr. Frasier Wilson

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Name added from a supplemental report

26. Witness

(Signature of Witness necessary only  
when question 25 is signed by mark)Sept. 19, 1930 Ema G. Pregnall

27. Filed

19

28. Sub

Local Registrar

19  
Registrar

MADE ON AT INVITE OF STATE

S. A. F. E. T. Y. A. F. L. M.