

(1) PLACE OF BIRTH

County of Lancaster
 Township of Cherry
 or
 Inc. Town of Bellevue
 or
 City of Bellevue

CERTIFICATE OF BIRTH

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

No. for State Register Only

32901

Registration District No. 31-2 Registered No. 64
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Male (4) Twin or Triplet No (5) Number in order of birth 2nd (6) Are Parent Married Yes (7) DATE OF BIRTH 9-11-1923

FATHER.

(8) FULL NAME E. D. Cochran
 (9) PRESENT RESIDENCE OF FATHER Bellevue, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42
 (12) BIRTHPLACE App. C.O. S.C.
 (13) OCCUPATION Business Traveler

MOTHER.

(14) NAME BEFORE MARRIAGE Angie E. Williams
 (15) PRESENT RESIDENCE OF MOTHER Bellevue S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
 (18) BIRTHPLACE Bellevue, S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. D. Cochran (24) State whether Physician or Midwife (25) Address of Physician or Midwife Bellevue, S.C.

Given name added from a supplemental report

Gavin Fairley
Gavin S. S.

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

(27) Date Nov. 12, 1923 (28) S. J. Altman 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.

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