

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston
 (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
71726

Registration District No. 9A Registered No. 850
 (For use of Local Registrar)
 No. 173 Smith 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 Alfred Cochran } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 20, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME W. A. Cochran
 (9) PRESENT POSTOFFICE OF FATHER 173 Smith
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE City
 (13) OCCUPATION Sailor
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Emelline Lewis
 (15) PRESENT POSTOFFICE OF MOTHER 173 Smith
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE City
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at 12 midday (M., (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.
 (23) (Signature) J. M. Simpson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 53 Rock Hill

Given name added from a supplemental report 191.....
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 8/21 1916 (28) J. M. Simpson, M.D. 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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MARRIAGE RECORDS FOR BIRTHS
 WHITE FAMILIES WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 FIRST-BORN. No. 1. THE OTHER, No. 2, e.t.c., in question 5.
 McCaw, of Columbia.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the