

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Compbell  
 or  
 Inc. Town of .....

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

Registration District No. 406

No. for State Registrar Only

22547

Registered No. 123  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward) .....

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 31, 1923  
 (Name of Month) (Day) (Year)

**FATHER**  
 (8) FULL NAME Hugh Cochran  
 (9) PRESENT POSTOFFICE OF FATHER Irwanth R2  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19  
 (12) BIRTHPLACE Italy Co. S.C.  
 (13) OCCUPATION Farmer  
 (14) NAME BEFORE MARRIAGE Ruby Burnett  
 (15) PRESENT POSTOFFICE OF MOTHER Irwanth R2  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18  
 (18) BIRTHPLACE Italy Co. S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 1  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Geo. S. Thompson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Irwanth

Given name added from a supplemental report

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

(27) Filed Aug 1, 1923 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.