

Form No. 1

(1) PLACE OF BIRTH

County of EdgefieldTownship of Wessex

or

Inc. Town of

or

City of

(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

30031

Registration District No. 1813 Registered No. 30.....
(For use of Local Registrar)(2) Full Name of Child Andrew Cohen [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 7 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Elijah Cohen

(9) PRESENT POSTOFFICE OF FATHER

Ironton, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

18
(Years)

(12) BIRTHPLACE

Edgefield Co

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Curry

(15) PRESENT POSTOFFICE OF MOTHER

Ironton, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

16
(Years)

(18) BIRTHPLACE

Augusta, Ga

(19) OCCUPATION

Farm help

(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 at W. 12 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Katie Prister

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Edgefield, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 12 1923

(28)

Oct 12 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.

FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.
MEDIAN OF COLUMBIA, COLUMBIA, S. C.