

(1) PLACE OF BIRTH

County of Jasper
 Township of Coker Hatchie
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

30782

Registration District No. 2600Registered No. 80
(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 Isaiah Cohen

(3) BOY OR GIRL Boy (4) Twin or Triplet? No. (5) Number in order of birth 1 (6) Are Parents Married? No. (7) DATE OF BIRTH Sept. 18, 1922
 (If child is not yet named, make supplemental report as directed)

FATHER.

(8) FULL NAME Sam Cohen
 (9) PRESENT POSTOFFICE OF FATHER Ridgeland, La.
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY
 (12) BIRTHPLACE O.G.
 (13) OCCUPATION Laborn

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Orr
 (15) PRESENT POSTOFFICE OF MOTHER Ridgeland, La.
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 19
 (18) BIRTHPLACE O.G.
 (19) OCCUPATION Home work

(20) Number of children born to mother, including present birth One

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 9-9 M. on the date about Sept. 18, 1922 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. M. M. Morris
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridgeland, La.

Given name added from a supplemental report

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

(27) Filed 9/21/22 (28) A. P. ... 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.