

Form No 1.

## (1) PLACE OF BIRTH

County of Cherokee

Township of .....

or  
Inc. Town of Cherawor  
City of .....

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

(2) Full Name of Child Mitchell 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 124 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 21 1906  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Martin Allen(9) PRESENT POSTOFFICE OF FATHER Cheraw, S.C.(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY — (Years)

(12) BIRTHPLACE .....

(13) OCCUPATION Section Land, Rail Road.(14) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Cochran(15) PRESENT POSTOFFICE OF MOTHER Cheraw, S.C.(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Georgia(19) OCCUPATION Laundress(20) Number of children of this mother now living, including present birth { 2 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Hour A. M. or P. M.)  
on the date above stated. (Born alive stillborn)(23) (Signature) Francis J. Williams(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cheraw, S.C.

Given name added from a supplemental report

....., 191...

.....  
Registrar(26) Witness C. E. Williams  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 22 1906 (28) C. E. Williams  
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw, of Columbia.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45787

Registration District No. 124 Registered No. 5  
(For use of Local Registrar)

(No. .... St.; .... Ward)