

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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of *Maclain*Township of *Hebron*

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

73938

Registration District No. *3304* Registered No. *1574*

(For use of Local Registrar)

(2) Full Name of Child *Not named* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *girl*(4) Twin or Triplet? *—*

To be answered only in event of Twins or Triplets

(5) Number in order of birth *3*(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

*Aug 11 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*W. de Hampton Cochrane*

(9) PRESENT POSTOFFICE OF FATHER

*Ches S.C.*

(10) COLOR OR RACE

*white*

(11) AGE AT LAST BIRTHDAY

*27*  
(Years)

(12) BIRTHPLACE

*Maclain S.C.*

(13) OCCUPATION

*Farming*

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

*3*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Fannie Gertrude Wright*

(15) PRESENT POSTOFFICE OF MOTHER

*Ches S.C.*

(16) COLOR OR RACE

*white*

(17) AGE AT LAST BIRTHDAY

*26*  
(Years)

(18) BIRTHPLACE

*Richmond N.C.*

(19) OCCUPATION

*Housekeeper*

(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 *Alive* at *9:30* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *John H. Hanner M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Ches S.C.*

Given name added from a supplemental report

....., 191.....

Registar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Aug 16 1916* (28) *W. H. Woodley*  
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.