

No. 1

PLACE OF BIRTH

City of ChesterfieldCounty of W. Lee

Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. 41725 For State Registrar OnlyRegistration District No. 1208 Registered No.
(For use of Local Registrar)

(No. St.; Ward)

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

Full Name of Child Amie Belle Coble { If child is not yet named, make supplemental report as directed

SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet? <u>✓</u>	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 29 1922</u> (Name of Month) (Day) (Year)
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FATHER.

FULL NAME Narcis CoblePRESENT POSTOFFICE OF FATHER Cheraw, R. 2COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)BIRTHPLACE N.C.OCCUPATION FarmerNumber of children born to mother, including present birth 19

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Sweat(15) PRESENT POSTOFFICE OF MOTHER Cheraw, R. 2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm & house work.(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Vinny Jones(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cheraw, R. 2

When name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 19 (28) S. D. Matteson 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.