

(1) PLACE OF BIRTH

County of OrangeTownship of Orangeor
Inc. Town of OrangeCity of Orange

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

(2) Full Name of Child Amie Liza Cockfield If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? first (5) Number in order of birth first (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 27 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Cockfield(9) PRESENT POSTOFFICE OF FATHER Charlotte S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Orange County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1 Other

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie McEwen(15) PRESENT POSTOFFICE OF MOTHER Charlotte S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Williamsburg County(19) OCCUPATION Farming(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 alive at 10 o'clock A.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Sarah Bryant

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

Midwife Charlotte

Given name added from a supplemental report

191.....

Registrar

(26) Witness Wm. M. M. M.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 27 1915 (28) C. E. Kelly 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.

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