

(1) PLACE OF BIRTH
County of Spartanburg
Township of Woodruff
or
Inc. Town of
or
City of
(if birth occurs in a hospital p

File No.—For State Registrar Only
30275

Inc. Town of Registration District No. 4009 Registered No. 719
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Belt Chesney } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl	(4) Twin or Triplet? No	(5) Number in order of birth 1	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Sep. 17, 1933 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *John. Cheney*

(9) PRESENT POSTOFFICE OF FATHER *Thodmott N. P. N. 2*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *38* (Years)

(12) BIRTHPLACE *Spaulding Co*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth } 4

MOTHER.

(14) NAME BEFORE MARRIAGE *Alice Crow*

(15) PRESENT POSTOFFICE OF MOTHER *Hoodruck C.C.R.'s*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *40* (YEARS)

(18) BIRTHPLACE *Indianapolis*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth *4*

(22) I hereby certify that I attended the birth of this child, who was born at 166 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Dec 19, 1923
 Jennie Garey

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

(27) Filed Oct 12 1973 (28) Oct 12 1973 Reg'd
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.