

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15348

Registration District No. 2507

Registered No. 51

(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.)

(2) Full Name of Child Cristen Nobles

If child is not yet named, make supplemental report as directed

3. SEX OR GIRL?

Girl

4. Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

May 19, 22
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Herbert Nobles

9. PRESENT POSTOFFICE OF FATHER

Labor NC R 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26
(Years)

12. BIRTHPLACE

Columbus Co NC

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Cristen Cribbs

(15) PRESENT POSTOFFICE OF MOTHER

Labor NC R 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

Columbus Co NC

(19) OCCUPATION

Housewife

(21) 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 Girl at 9 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 24, 1922

(28)

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. 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.

MEGAW OF COLUMBIA, COLUMBIA, S. C.