

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

71735

Registration District No. 9A

Registered No. 861
(For use of Local Registrar)

(No. 93 Nasaw 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 Katherine Noonan

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 17, 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Patrick J. Noonan

(14) NAME BEFORE MARRIAGE Meta Doscher

(9) PRESENT POSTOFFICE OF FATHER Charleston

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Ireland

(18) BIRTHPLACE Charleston

(13) OCCUPATION Engineering

(19) OCCUPATION Horsekeeper

(20) Number of children born to mother, including present birth 9

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN

Abbey 1250 W. M.

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

(23) (Signature) Ella Simmons

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 161 Spring St

Given name added from a supplemental report

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

(27) Filled 8/25/16 1916

(28) J. Mercier Green M.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.

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WHITE PAPER, 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.