Form No. 3

(1) PLACE OF BIRTH

County of Florence

Township of ..... "

or

Inc. Town of ..... "

or

City of ..... "

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17590

Registration District No. 20-A Registered No. 189
(For use of Local Registrar)

(No. 606 E. Elm St. St.; ..... Ward)

(2) Full Name of Child Willie Noble

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

(3) BOY OR GIRL? Boy

(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 June 7 1923 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Willie Noble

(9) PRESENT POSTOFFICE OF FATHER Florence, S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Railroad Service

(13) OCCUPATION South Carolina

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Beulah Alexander

(15) PRESENT POSTOFFICE OF MOTHER Florence, S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Domestic

(19) OCCUPATION South Carolina

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:20 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jorena Wright [illegible]

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife W. Darlington

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed June 8 1923 (28) P. H. Brigham 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

Modern of Columbia, Columbia, S. C.