

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
 V. 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Charleston</i>		STATE OF SOUTH CAROLINA		71842	
Township of <i>St. Phillips</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <i>909</i>		Registered No. <i>131</i>	
or				(For use of Local Registrar)	
City of		(No. <i>5</i> Mile		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 <i>Laura Noisette</i>		If child is not yet named, make supplemental report as directed			
(3) Boy or GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>June 3, 1916</i>	
To be answered only in event of Twins or Triplets		<i>1</i>	<i>yes</i>	(Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME	<i>Halter Noisette</i>		(14) NAME BEFORE MARRIAGE	<i>Evaline Hamilton</i>	
(9) PRESENT POSTOFFICE OF FATHER	<i>U. S. Navy Yard</i>		(15) PRESENT POSTOFFICE OF MOTHER	<i>U. S. Navy Yard</i>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<i>Col.</i> <i>19</i>	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<i>Col.</i> <i>18</i>
(12) BIRTHPLACE	<i>Charleston</i>		(18) BIRTHPLACE	<i>Jacksonville, Fla.</i>	
(13) OCCUPATION	<i>Driver</i>		(19) OCCUPATION	<i>Housework</i>	
20) Number of children born to mother, including present birth		<i>1</i>		21) Number of children of this mother now living, including present birth	
		<i>1</i>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>10 P.</i> M., on the date above stated. (Born <i>alive</i> or stillborn) (Hour A. M. or P. M.)					
(23) (Signature)		<i>Carrie Miller</i>			
(24) State whether Physician or Midwife		<i>Midwife</i>			
		(25) Address of Physician or Midwife			
		<i>5 Mile</i>			
Given name added from a supplement- tal report		(26) Witness <i>Evaline Noisette</i>			
		(Signature of Witness necessary only when question 23 is signed by mark)			
19 Registrar		(27) Filed <i>Sept. 4, 1916</i> (28) <i>C. F. Myers</i> 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.					