

(1) PLACE OF BIRTH

County of Albemarle
 Township of Albemarle
 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

19270

Registration District No. 2404 Registered No. 18
 (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 Leon Noble

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 20 1927
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. E. Noble
 (9) PRESENT POSTOFFICE OF FATHER Rich Hill
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
 (Years)
 (12) BIRTHPLACE Rich Hill
 (13) OCCUPATION Rich Hill
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Adair
 (15) PRESENT POSTOFFICE OF MOTHER Rich Hill
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Years)
 (18) BIRTHPLACE Rich Hill Co.
 (19) OCCUPATION Rich Hill
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Marie Adair
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rich Hill

Given name added from a supplemental report

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

(27) Filed Mar 27 1927 (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.