

(1) PLACE OF BIRTH

County of Sumter
 Township of Privateer

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20319

Inc. Town of Registration District No. 4104 Registered No. 832
 or
 City of (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Edward Noses

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

(1) BOY OR GIRL? Boy (4) Twin or Triplet? --- (5) Number in order of birth --- (6) Are Parents Married? Yes (7) DATE OF BIRTH June 30, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Noses Jr.

(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C. No. 2.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Sumter County, S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Jones

(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C. No. 2.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Sumter County, S.C.

(19) OCCUPATION House and Field Work.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 PM on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Sumter, S.C. No. 2

Given name added from a supplemental report

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

(27) Filed 7-5-1922 (28) [Signature] 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.

Registrar

Local Registrar.

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N. H. McCaw, of Columbia. N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.