

(1) PLACE OF BIRTH

County of FairfieldTownship of 11or
Inc. Town of
orCity of (No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Elie Noble

File No. — for State Registrar Only

42555

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Record of Births

Registration Number 1910Registered No. 49
(For use of Local Registrar)(3) BOY OR
GIRL? girl(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

(8) FULL
NAME Elie Noble(9) PRESENT
POSTOFFICE
OF FATHERJenkinsville(10) COLOR
OR
RACE negro(11) AGE AT LAST
BIRTHDAY 24
(Years)

(12) BIRTHPLACE

Fairfield

(13) OCCUPATION

Farmer(14) NAME BEFORE
MARRIAGEElie Martin(15) PRESENT
POSTOFFICE
OF MOTHERJenkinsville(16) COLOR
OR
RACE negro(17) AGE AT LAST
BIRTHDAY 19
(Years)

(18) BIRTHPLACE

Fairfield

(19) OCCUPATION

Housewife(20) Number of children born to
mother, including present birth1(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marjorie

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

JenkinsvilleGiven name added from a supplement-
tal report

(26) Witness

Oly G. G. G. G.(Signature of witness necessary only
when question 22 is signed by mark)

(27) Filed

Dec 1910

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