

(1) PLACE OF BIRTH County of Shelby Township of Shelby 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
71127

Registration District No. 712 Registered No. 61
 (For use of Local Registrar)
 St.; Ward)
 (2) Full Name of Child Noona D. ... { If child is not yet named, make supplemental report as directed

(3) ~~OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Aug. 25 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James D. ...
 (9) PRESENT POSTOFFICE OF FATHER Shelby
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Shelby
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth { 5

MOTHER.

(14) NAME BEFORE MARRIAGE Fairy Belle Bette
 (15) PRESENT POSTOFFICE OF MOTHER Shelby
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Shelby
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) M. D. ...
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191....

Registrar

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

(27) Filed ... 1916 (28) W. J. ... 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.

MARGIN RESERVED FOR BINDING
 WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD
 NO. 2—IN CASE OF TWIN OR TRIPLET, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE ORIGIN, NO. 2, ETC., IN QUESTION 5.
 McCaw, of Columbia.