

(1) PLACE OF BIRTH
 County of Robeson
 Township of Sheep
 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. 212 Registered No. 61
 (For use of Local Registrar)
 St.; (Ward)
 No.

(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 <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Aug. 25, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Edward ...</u>	(14) NAME BEFORE MARRIAGE <u>Fairy Belle Bette</u>	(9) PRESENT POSTOFFICE OF FATHER <u>South ...</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Carolina St.</u>	(16) COLOR OR RACE <u>Colored</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(12) BIRTHPLACE <u>Germany</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(18) BIRTHPLACE
(13) OCCUPATION	(19) OCCUPATION <u>Cleaning</u>	(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>	

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) Midwife ...

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

Given name added from a supplemental report

(26) Witness Cortrina B. ...
(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.
 USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE ORBIT, No. 2, etc., in question 5.
 MICROFILM OF COLUMBIA