

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....City of Charleston (No. 52 Morris St.; ..... Ward)  
(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 HealthFile No. For State Registrar Only  
84670Registration District No. 4/A Registered No. 1304  
(For use of Local Registrar)(2) Full Name of Child Ayitten Elizabeth Noisette } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? No (7) DATE OF BIRTH Nov 19 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Harry Noisette(9) PRESENT POSTOFFICE OF FATHER 22 Varmon(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE city(13) OCCUPATION Blacksmith(20) Number of children born to mother, including present birth } one

## MOTHER.

(14) NAME BEFORE MARRIAGE Asther Stepligh(15) PRESENT POSTOFFICE OF MOTHER 52 Morris(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE city(19) OCCUPATION seamstress(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 born alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Thompson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 53 Radcliff

Given name added from a supplemental report

....., 191.....  
.....  
Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filled 11/24/16 (25) ..... 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.

Filed 11/25, 19 16 J. M. Green, M.D.  
Registrar.Corrected: AUG 17 1940