

(1) PLACE OF BIRTH

County of AndersonTownship of Anderson

Inc. Town of

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

No. 1a.—For State Register Only

2848

Registration District No. 3.12 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child J. H. Frank Noel (If child is not yet named, make supplemental report as directed)

(3) SEX <u>Male</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age Parent Married <u>yes</u>	(7) DATE OF BIRTH <u>1/19</u> <u>1923</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>William Arthur Noel</u>	(14) NAME BEFORE MARRIAGE <u>Unice Moore</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Ston S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Ston S.C.</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>4</u> (Year)	(17) AGE AT LAST BIRTHDAY <u>4</u> (Year)
(12) BIRTHPLACE <u>Anderson Co</u>	(18) BIRTHPLACE <u>Anderson Co</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:45 A.M., on the date above stated. (Respective or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Frank M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed Mar 19 1923 (28) E. A. Broad
Registrar 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.

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