

(1) PLACE OF BIRTH

County of FranklinTownship of W.or Town of Marble Hillor City of S.C.

(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

Registration District No. 15

20892

Registered No. 31
(For use of Local Registrar)

(2) Full Name of Child

(3) SEX OR GENDER <u>B</u>	(4) Type or Title <u>To be reported only in case of Twins or Triplets</u>	(5) Number in order of birth <u>6</u>	(6) Age <u>7</u>	(7) Date of birth <u>Aug 31 1908</u>
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FATHER.

(8) FULL NAME Will C. Nore

(9) PRESENT POSTOFFICE OF FATHER Franklin

(10) COLOR OR RACE B

(11) AGE AT LAST BIRTHDAY 31

(12) BIRTHPLACE S.C.

(13) OCCUPATION Day work

(14) Number of children born to mother, including present birth 6

MOTHER.

(15) NAME BEFORE MARRIAGE Marie James

(16) PRESENT POSTOFFICE OF MOTHER Darlington

(17) COLOR OR RACE B

(18) AGE AT LAST BIRTHDAY 31

(19) BIRTHPLACE S.C.

(20) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (How A. M. or P. M.) 11 on the date above stated.(23) (Signature) James P. H.(24) State whether Physician or Midwife(25) Address of Physician or Midwife Darlington

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Aug 1 1908 (28) C. H. Kelly 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.