

Form No 1.

## (1) PLACE OF BIRTH

County of MarionTownship of Adams

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.)

(2) Full Name of Child Noah Sinclair

File No. For State Registration

49865

Registration District No. 3300 Registered No. 7

(For use of Local Registrar)

(3) BOY OR GIRL? Boy (4) Twin or triplet? Triplet (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 14 1906

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Noah Sinclair(9) PRESENT POSTOFFICE OF FATHER McCoy & C(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE NC(13) OCCUPATION Labourer(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Moore(15) PRESENT POSTOFFICE OF MOTHER McCoy & C(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Labourer(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. Stilda Young

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

Midwife McCoy & C

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/10/1906 (28) Harry J. Linder Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child born as was such, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

MARGIN RESERVED FOR BINDING. WHEN 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.

State of Columbia.