

MARGIN RESERVED FOR BINDING.
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.

(1) PLACE OF BIRTH
County of Long
Township of Long Bluff
or
Inc. Town of
or
City of (No. 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 Health

File No.—For State Registrar Only
77551

Registration District No. 2503 Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child Noah Hubert Sticker Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 28 1916</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Noah Hubert Sticker</u>	(14) NAME BEFORE MARRIAGE <u>Georgie Cooper</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Golivants Ferry, S.C. #1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Golivants Ferry, S.C. #1</u>
(10) COLOR OR RACE <u>Croatan</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Croatan</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Long Co., S.C.</u>	(18) BIRTHPLACE <u>Long Co.,</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</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 5:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. King
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Long, S.C.

Given name added from a supplemental report
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..... 19 .. Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/5 19 6 (28) Thomas Johnson 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.