

(1) PLACE OF BIRTH  
 County of Mecklenburg  
 Township of Cherry Grove  
 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.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**51705**

Registration District No. 1203 Registered No. 49  
 (For use of Local Registrar)  
 Sl.: ..... Ward)

(2) Full Name of Child David Unnamed ... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth  
 To be answered only in case of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 24 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles Roffeldt  
 (9) PRESENT POSTOFFICE OF FATHER Ruby SC #2  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (12) BIRTHPLACE Cherry Grove Co  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Kirsch  
 (15) PRESENT POSTOFFICE OF MOTHER Ruby, SC #2  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
 (Years)  
 (18) BIRTHPLACE Cherry Grove Co  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth } ..... 2 .....  
 (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 at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. M. M. M.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Ruby SC

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness Necessary only when question 22 is signed by parent)

(27) Filed Mar 25 1916 (28) J. E. McElroy  
 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.

MARGIN RESERVE 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.  
 McCaw, of Columbia