

Form No. 1

(1) PLACE OF BIRTH

County of ItascaTownship of 104th St.

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

77553

Registration District No. 2503 Registered No. 22

(For use of Local Registrar)

(2) Full Name of Child Ethel Mary Roberts { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>APR 23</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME James W. Roberts(9) PRESENT POSTOFFICE OF FATHER Yabian 5 Hwy, SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Florida(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen McKel(15) PRESENT POSTOFFICE OF MOTHER Gabriel Hwy(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Hotchkiss, Cumberland Co. N.C.(19) OCCUPATION house cook(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. J. ... (24) State whether Physician or Midwife (25) Address of Physician or Midwife ...

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed 6/5 1916 (28) Thomas J. ... 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.

N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and fill in question 5.

McCauley of Columbia.