

Form No. 1

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

File No. For State Registrar Only
77553

(1) PLACE OF BIRTH
County of Orange
Township of 1st of May
or
Inc. Town of Registration District No. 2503 Registered No. 22
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ethel May 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>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>No</u>	7) DATE OF BIRTH <u>Apr. 23</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME James W. Vanhook

9) PRESENT POSTOFFICE OF FATHER Yabaco to May, 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 Ethel M. Hill

15) PRESENT POSTOFFICE OF MOTHER Yabaco to May, SC

15) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

18) BIRTHPLACE Lake Mills, Columbia Co., S.C.

19) OCCUPATION house cook

21) 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 alive 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

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

(27) Filed 4/5 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.

WIRE PLATE, MADE BY THE McCaw of Columbia, S.C. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and file FIRST-BORN No. 1, THIS OTHER, No. 2, etc., in question 5.