

16 093471

FILE No.—For State Registrar Only
00281

1. PLACE OF BIRTH

County of Darlington
Township of _____
or
Inc. Town of _____
or
City of Darlington (No. _____ St.; _____ Ward)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 15A Registered No. 85

(For use of Local Registrar)

2. FULL NAME OF CHILD Roderick Ross

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married Yes 8. Date of birth March 25, 16 (Month, day, year)9. Full name George Ross FATHER 16. Name before marriage Roderick Dubose MOTHER10. Residence (mailing address) Darlington S.C. (If non-resident, give place and State) 19. Residence (mailing address) Darlington S.C. (If non-resident, give place and State)11. Color or race col 12. Age at last birthday 33 (years) 20. Color or race col 21. Age at last birthday 25 (years)13. Birthplace (city or place) S.C. (State or country) 22. Birthplace (city or place) S.C. (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year last) engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year last) engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) 4 (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 5:00 a.m. on the date above stated. (Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at 5:30 a.m. on above date. Silver nitrate (Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____ (Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from _____ (Date of) _____

(Signed) _____, M. D.

or _____ Midwife

Address _____

Filed July 16, 1916 _____ Registrar.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

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