

MAINTAIN RESERVED INK BINDING.
WRITING 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of York
Township of Eben
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

47748

Registration District No. 4405 Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child Elbert Alexander Roberts (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
is not yet named, make supplemental report as directed

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 10 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. L. Roberts
(9) PRESENT POSTOFFICE OF FATHER Rock Hill SC
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Laurens Co
(13) OCCUPATION Cotton Mill work
(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Dease
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Laurens Co
(19) OCCUPATION Domestic
(21) Number of children of ~~her~~ mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. H. Crutcher M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Thurman

Given name added from a supplemental report

Jessie G. 1916
Chas. Miller
Register

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

(27) Filed 920 1916 (28) Thurman 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.

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