

Form No. 1.

(1) PLACE OF BIRTH

County of HenryTownship of Hogshoffor
Inc. Town ofor
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

77541

Registration District No. 2603 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child John Monroe Roberts

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 8, 1916</u>
	In the answer only in case of Twins or Triplets			(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lewis Roberts(9) PRESENT POSTOFFICE OF FATHER Galivants Ferry, S.C.(10) COLOR OR RACE Croatan (11) AGE AT LAST BIRTHDAY 55 (Years)(12) BIRTHPLACE Henry Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Strickland(15) PRESENT POSTOFFICE OF MOTHER Galivants Ferry, S.C.(16) COLOR OR RACE Croatan (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Henry Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. A. Capps(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Frederickville S.C.

Given name added from a supplemental report

9/21, 1916Thomas Johnson
Registrar

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

(27) Filed 9/21, 1916 (28) Thomas Johnson
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 RESERVED 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.