

Form No. 1.

(1) PLACE OF BIRTH

County of Henry

Township of Hogshoff

or
Inc. Town of

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? <small>In be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 8, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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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 midwife (25) Address of Physician or Midwife Fredericville, S.C.

Given name added from a supplemental report

9/21 1916
Thomas 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.