

(1) PLACE OF BIRTH

County of Edgefield  
 Township of Collins

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15180

Inc. Town of ..... Registration District No. 1002 Registered No. 6  
 or (For use of Local Registrar)  
 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 Veniece Ryan } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 27 1916  
(to be answered only in case of twins or triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Pat Ryan  
 (9) PRESENT POSTOFFICE OF FATHER Cold Spring  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Edgefield Co. S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Roebuck  
 (15) PRESENT POSTOFFICE OF MOTHER Cold Spring  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39 (Years)  
 (18) BIRTHPLACE Anderson Co. S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Sarah Ryan Midwife  
 (24) State whether Physician or Midwife. (25) Address of Physician or Midwife Parksville S.C.

Given name added from a supplemental report ..... 191.....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 27 1916 (28) H. D. Mark Local Registrar.

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

\*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.