

## (1) PLACE OF BIRTH

County of EdgefieldTownship of RollinsInc. Town of  
or

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

15080

Registration District No. 10.2 Registered No. 6  
(For use of Local Registrar)2) Full Name of Child Venidie Ryan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Is answered only in report of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes(7) DATE Jan 27 1916  
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. SC

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Roebuck(15) PRESENT POSTOFFICE OF MOTHER Cold Spring(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE

Anderson Co. SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

Three

## 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) Parak Ryan Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Parksville SC

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Jan 27 1916(28) H. D. Marks 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 2.  
McCaw, of Columbia.