

Form No 1.

## (1) PLACE OF BIRTH

County of York  
 Township of Broad River  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward ....)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50783

Registration District No. 4407 Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child Ruby Evelyn Roberts

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH January 28 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Willis Silver  
 (9) PRESENT POSTOFFICE OF FATHER Hickory Grove, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE McDonnell County, N.C.  
 (13) OCCUPATION Section Master  
 (14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Allen  
 (15) PRESENT POSTOFFICE OF MOTHER Hickory Grove, S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE King Mountain N.C.  
 (19) OCCUPATION Housekeeping  
 (20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Ward, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hickory Grove, S.C.

Given name added from a supplemental report

J. C. Ward 1916  
W. J. Ward  
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)  
W. J. Ward 1916 (27) Local Registrar W. J. Kirby

\*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 stillbirth before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. H.—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.