

Form No. 1

(1) PLACE OF BIRTH *Ruffin*

CERTIFICATE OF BIRTH

No. for State Registrar Only
20587

County of *Robeson*

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

Township of *Robe*

Registration District No.

Registered No.
(For use of Local Registrar)

Inc. Town of

City of

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 *James Earl*

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

(3) BOY OR GIRL *Boy* (4) Type of Birth *Normal* (5) Status in Household *Married* (6) DATE OF BIRTH *June 10 1913*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *James Earl*

(14) NAME BEFORE MARRIAGE *Maryie Postright*

(9) PRESENT POSTOFFICE OF FATHER *Ruffin*

(15) PRESENT POSTOFFICE OF MOTHER *Ruffin*

(10) COLOR OR RACE *Ruffin* (11) AGE AT LAST BIRTHDAY *28*

(16) COLOR OR RACE *Ruffin* (17) AGE AT LAST BIRTHDAY *28*

(12) BIRTHPLACE *Ruffin*

(18) BIRTHPLACE *Ruffin*

(13) OCCUPATION *farmer*

(19) OCCUPATION *farmer*

(20) Number of children born to mother, including present birth *11*

(21) Number of children of this mother now living, including present birth *11*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *J. E. Brown* at *Ruffin* M.
on the date above stated. *Mellor Brown* (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) Stamp Whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) When (28) 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.