

2-10-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

16 093556

1. PLACE OF BIRTH

County of Edgefield

Township of _____

or
Inc. Town of Edgefieldor
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 18-a Registered No. _____
(For use of Local Registrar)

FILE No.—For State Registrar Only

00121

(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 Roselle Ryans

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

3. Boy or Boy If Plural births 4. Twin, triplet or other 5. Number, in order of birth 6. Premature 7. Are Parents Yes 8. Date of birth July 4, 1916
Full term Yes Married? Yes (Month, day, year)

9. Full name FATHER
Arthur Ryans

18. Name before marriage MOTHER
Sarah Henderson

10. Residence (mailing address) Edgefield, S. C.
(If non-resident, give place and State)

19. Residence (mailing address) Edgefield, S. C.
(If non-resident, give place and State)

11. Color or race Col. 12. Age at child's birth 29 (years)

20. Color or race Col. 21. Age at child's birth 27 (years)

13. Birthplace (city or place) South Carolina
(State or country)

22. Birthplace (city or place) South Carolina
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ months weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 9 A. m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report _____

(Date of)

Registrar.

(Signed) Arthur Ryans, Parent
or _____, Guardian

Address Newark, N. J.

Filed February 2, 1943 M. B. Woodward, M. D.
Registrar.