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

## 1. PLACE OF BIRTH

County of Edgefield

Township of .....

or  
Inc. Town of Edgefieldor  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of HealthRegistration District No. 18-a Registered No. ....  
(For use of Local Registrar)

FILE No.—For State Registrar Only

00121

2. FULL NAME OF CHILD Roselle Ryans { If child is not yet named, make supplemental report as directed.3. Boy or If Plural 4. Twin, triplet or other 6. Premature 7. Are Parents 8. Date of  
Boy births 5. Number, in order of birth Full term Yes Married? Yes birth July 4 1916  
(Month, day, year)9. Full name FATHER MOTHER  
name Arthur Ryans Sarah Henderson  
18. Name before marriage10. Residence (mailing address) Edgefield, S. C. 19. Residence (mailing address) Edgefield, S. C.  
(If non-resident, give place and State) (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 22. Birthplace (city or place) South Carolina  
(State or country) (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
	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. <u>Own Home</u>
	16. Date (month and year) last engaged in this work 19.....		25. Date (month and year) last engaged in this work 19.....
	17. Total time (years) spent 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, 29. Cause of stillbirth.....  
period of gestation..... months weeks 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. }

(Signed) Arthur Ryans, Parent  
or....., GuardianGiven name added from  
a supplementary report.....  
(Date of)Address Newark, N. J.  
Filed February 2, 1943 M. B. Woodward, M. D.  
Registrar.

Registrar.

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.)