

Form No 1.

(1) PLACE OF BIRTH

County of DillonTownship of Hillsboroor
Inc. Town of Bionor
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

51950

Registration District No. 1403 Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child Sylvester Roberts { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Twins or single? (5) Number in order of birth 2 (6) Are Parents Yes Married? (7) DATE OF BIRTH March 10 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Roberts(9) PRESENT POSTOFFICE OF FATHER Gion, S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE North Carolina(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Leslie Smith(15) PRESENT POSTOFFICE OF MOTHER Gion, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Field hand & house wife(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Audie H. Page

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Fair, S. C.

Given name added from a supplemental report

(26) Witness M. H. Schofield

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

(27) Filed March 18 1916 (28) M. H. Schofield 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 5.

Caw, of Columbia