

FORM NO. 1.

## (1) PLACE OF BIRTH

County of Chesterfield  
Township of Cole Hallor  
Inc. Town of .....  
or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No. — For State Registrar Only  
**59250**Registration District No. 1202 Registered No. 22  
(For use of Local Registrar)  
City of ..... (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 Ruby Blake Hanson If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL? girl (4) Twin or Triplet? Is he answered only in case of twins or triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH April 27 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Riley Hanson  
(9) PRESENT POSTOFFICE OF FATHER P.O. Rick S. C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE Union county N.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Cawward  
(15) PRESENT POSTOFFICE OF MOTHER Patrick S. C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE Molokou county N.C.  
(19) OCCUPATION house work  
(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 o'clock P.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Mar. J. L. McNeal  
(24) State whether Physician or Midwife (25) Address of Physician or Midwifemid wife Chesterfield N.C.

Given name added from a supplemental report

Ruby 23 191 7  
April 27  
1917  
Registrar

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

(27) Filed May 12 1917 (28) J. A. D. 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.

WRITER PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. 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.  
McCauley, of Columbia