

MARGIN RESERVED FOR RECORD.

THIS SPACE, WITH SPACES BETWEEN, IS A PERMANENT RECORD. A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH				<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">87899</div>	
County of <u>York</u> Township of <u>Ballinckhooch</u> or Inc. Town of _____ or City of _____				Registration District No. <u>4403</u>		Registered No. <u>77</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(No. _____ St. _____ Ward _____)			
<b>(2) Full Name of Child</b> <u>James Roy Roberts</u>						If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 2, 1915</u> (Name of Month) (Day) (Year)			
<b>FATHER.</b>				<b>MOTHER.</b>			
(8) FULL NAME <u>J. M. Roberts</u>				(14) NAME BEFORE MARRIAGE <u>Mary Roberts</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Sharon S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Sharon S.C.</u>			
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>York Co. S.C.</u>				(18) BIRTHPLACE <u>York Co. S.C.</u>			
(13) OCCUPATION <u>Farming</u>				(19) OCCUPATION <u>Housekeeping</u>			
(20) Number of children born to mother, including present birth <u>1</u>				(21) Number of children of this mother now living, including present birth <u>1</u>			
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>							
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>Felda Sealy</u>				(25) Address of Physician or Midwife <u>Sharon S.C.</u>			
(24) State whether Physician or Midwife <u>Midwife</u>				(26) Witness <u>Mrs. J. E. McAlister</u> (Signature of Witness necessary only when question 23 is signed by mark)			
Given name added from a supplemental report _____ _____ _____				(27) Filed <u>Nov. 17, 1915</u> (28) <u>J. E. McAlister</u> Registrar 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.