

## (1) PLACE OF BIRTH

County of LexingtonTownship of Boysie Riveror  
Inc. Town of Chapinor  
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

90788

Registration District No. 3105Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child. Ruby Lee { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 7, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Piles Jackson(9) PRESENT POSTOFFICE OF FATHER Chapin S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Newberry Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { 6 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Koon(15) PRESENT POSTOFFICE OF MOTHER Chapin S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Lexington(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 6 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5- A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Caroline Wager

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

Midwife Chapin S.C.

Given name added from a supplemental report

....., 191.....

.....  
Registrar

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

(27) Filed Dec. 9, 1916 (28) H. F. Frazier 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.