

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Unknown
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

18755

Registration District No. Registered No. 29
 (For use of Local Registrar)

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

(2) Full Name of Child Arthur Roach 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 13-23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
8. FULL NAME	<u>George Roach</u>		14. NAME BEFORE MARRIAGE	<u>Loula Brown</u>	
9. PRESENT POSTOFFICE OF FATHER	<u>Cope SC R7D</u>		15. PRESENT POSTOFFICE OF MOTHER	<u>Cope SC R7D</u>	
10. COLOR OR RACE	<u>Colored</u>	11. AGE AT LAST BIRTHDAY <u>46</u> (Years)	16. COLOR OR RACE	<u>Colored</u>	17. AGE AT LAST BIRTHDAY <u>39</u> (Years)
12. BIRTHPLACE	<u>Orangeburg Co</u>		18. BIRTHPLACE	<u>Orangeburg Co</u>	
13. OCCUPATION	<u>Farming</u>		19. OCCUPATION	<u>Housewife</u>	
20. Number of children born to mother, including present birth	<u>Thirteen</u>		21. Number of children of this mother now living, including present birth	<u>Eight</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 4 M., on the date above stated. (Born alive or stillborn) (Hour in A. M. or P. M.)

(23) (Signature) Henrietta x Toyle
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cope SC R7D

Given name added from a supplemental report

(26) Witness R K Cherry (Signature of Witness necessary only when question 23 is signed by father)

(27) Filed June 19 23 (28) R K Cherry 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.