

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18006

Registration District No.

Registered No. 21
(For use of Local Registrar)

(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 *Liggins Bell Roberts*

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 25, 1922

Month Day Year

FATHER.

(8) FULL NAME

Silas Roberts

(9) PRESENT POSTOFFICE OF FATHER

Green N.C. R.F.D. #1

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

49

(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

7

(14) NAME BEFORE MARRIAGE

Hancy Green

(15) PRESENT POSTOFFICE OF MOTHER

Green N.C. R.F.D. #1

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

House Wife

(20) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *2:30 P.M.* on the date above stated. *Born alive (retained) Hour A.M. or P.M.*

(23)

(Signature)

L. B. Roberts

(24)

State of Doctor, Physician or Midwife

(25) Address of Physician or Midwife

Green N.C.

Given name added from a supplemental report

(26) Signature of

Witnesses: necessary only if signed by mark

(27) Signature of

John L. Roberts

(28)

Local Registrar

When this was not being used, it is to be destroyed even when not used.

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