

(1) PLACE OF BIRTH

County of RichlandTownship of Columbia S.C.

Inc. Town of

City of Columbia S.C.

(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

31947

Only

Registration District No. 35a Registered No. 1741
 (For use of Local Registrar)
 City of Columbia S.C. (No. 912 Walnut St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Abraham Roberts(3) BOY OR GIRL? boy

(4) Twin or triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth one(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Abraham Roberts

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 41
(Years)

(12) BIRTHPLACE

Richland S.C.

(13) OCCUPATION

Parser

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Ruth Hemphill

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 18
(Years)

(18) BIRTHPLACE

Black Stork S.C.

(19) OCCUPATION

House Keeping

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:45 P.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Susan K. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife 1920 Harden St.

Given name added from a supplemental report

(26) Witness

Charlie Brown

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

(27) Filed 019122

(28) 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.