

(1) PLACE OF BIRTH

County of Hampton
 Township of Peeples
 or
 Inc. Town of
 or
 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
18981

Registration District No. 2005 Registered No. 70
 (For use of Local Registrar)

(2) Full Name of Child Minnie Roberson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Elliott Roberson
 (9) PRESENT POSTOFFICE OF FATHER Hampton RD
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36
 (Years)
 (12) BIRTHPLACE H. Co S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Barley Smith
 (15) PRESENT POSTOFFICE OF MOTHER Hampton S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 32
 (Years)
 (18) BIRTHPLACE H. Co S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julie Smith Midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Warrenton S.C.

Given name added from a supplemental report

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

(27) Filed June 15 1922 (28) Hub Rogers
 Local Registrar.

*When there was no attending physician or midwife, 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.