

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on back of Certificate)

1. PLACE OF BIRTH

County of York

Township of Ebenezer

or Rock Hill

City of _____

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 14-B

(No. 29 Frazier Street St.; _____ Ward)

Lillian Lucille Roberts

FILE No.—For State Registrar Only

1988

Registered No. _____

(For use of Local Registrar)

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

2. FULL NAME OF CHILD

3. Boy or Girl
Girl

4. Twin, triplet or other _____

5. Number, in order of birth _____

6. Premature _____

7. Are Parents _____

Married? yes

8. Date of birth December 27, 1922

(Month, day, year)

9. Full name

FATHER
Sam Ross Roberts

18. Name before marriage

MOTHER
Janie Andrella Wallace

10. Residence (mailing address)
(If non-resident, give place and State)

Great Falls, S.C.

19. Residence (mailing address)
(If non-resident, give place and State)

Great Falls, S.C.

11. Color or race white

12. Age at child's birth 26 (years)

20. Color or race white

21. Age at child's birth 22 (years)

13. Birthplace (city or place)
(State or country)

Fairfield County, S.C.
near Winnsboro

22. Birthplace (city or place)
(State or country)

Chester County, S.C.
near Lando

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Textile

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Textile

16. Date (month and year) last engaged in this work
January 18, 1940

17. Total time (years) spent in this work 21

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Domestic

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Domestic

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (Two)
(At time of birth and including this child)

(a) Born alive and now living one (b) Born alive but now dead one (c) Stillborn ---

28. If stillborn, period of gestation _____

months _____ weeks _____

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 7 o'clock A.M. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from

a supplementary report _____

(Date of) _____

(Signed) Sam Ross Roberts Parent

or _____ Guardian

Address Box 8, Route 1, Great Falls, S.C.

Filed Jan. 25, 1940 M.B. Woodward, M.D. Registrar

Registrar