

(1) PLACE OF BIRTH

County of Charleston, S.C.
 Township of Beck
 Inc. Town of
 or
 City of

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

No. for State Registrar Only
22550

Registration District No. 40 Registered No. 106
 (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 Maile Roberts (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 3, 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. P. Roberts</u>			(14) NAME BEFORE MARRIAGE <u>Lula Longford</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Irman, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Irman, S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)	
(12) BIRTHPLACE <u>Madison Co. N.C.</u>			(18) BIRTHPLACE <u>Madison Co. N.C.</u>	
(13) OCCUPATION <u>Industrial Worker</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>15</u>			(21) Number of children of this mother now living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Irman, S.C. on the date above stated. (If born still or stillborn) (Month) (Day) (Year)

(23) (Signature) W. J. Chapman
 (24) State whether Physician or Midwife Physician Address of Physician or Midwife Irman, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed) W. J. Chapman

(27) Filed Aug 1, 23 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.