

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANKS FOR EACH CHILD, and mark the
MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
or
Inc. Town of Saxon mill
or
City of

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

File No.—For State Registrar Only
20262

Registration District No. 4008 Registered No. 188
(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 Edgar Roberts

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

3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 9 19 22
(Same of Month) (Day) (Year)

FATHER.

8) FULL NAME J W Roberts
9) PRESENT POSTOFFICE OF FATHER Saxon mills S.C
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 (Years)
12) BIRTHPLACE Gen
13) OCCUPATION Cotton mill
20) Number of children born to mother, including present birth { 9

MOTHER.

(14) NAME BEFORE MARRIAGE Louie Lamb
(15) PRESENT POSTOFFICE OF MOTHER Saxon mill S.C
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Gen
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Whitney 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 7-1-22 19 22 (28) W. J. Parker 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.

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