

WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 BIRTH-BOON, No. 1, THE OTHER, No. 2, etc., in question 3.

Revised by Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Eden
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8697

Registration District No. 3605 Registered No. 24
 (For use of Local Registrar)

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

(2) Full Name of Child Roberta Agnes Almon

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>3 10 11</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Robert Frederick Almon</u>			(14) NAME BEFORE MARRIAGE <u>Peggy Anna Almon</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston SC</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Charleston SC</u>			(18) BIRTHPLACE <u>South Carolina</u>	
(13) OCCUPATION <u>Fireman</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Heard Overman MD
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Eden SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by physician)
Heard Overman MD

(27) Filed 3 10 11 (28) Heard Overman MD
 Registrar 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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