

(1) PLACE OF BIRTH

County of Albermarle
 Township of Sycamore
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 31488
 (For use of Local Registrar)

Registration District No. H. 61.7 Registered No. 54
 (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 Josiah Garner Roacholt If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Infant To be reported only in event of Twin or Triplet (5) Number in order of birth 1 (6) Age of Child Yes (7) DATE OF BIRTH Nov 15 1923
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Jay E. Roacholt</u>	(10) NAME BEFORE MARRIAGE <u>Julia Bell Barnes</u>	(9) PRESENT RESIDENCE OF FATHER <u>Fairfax, D.C. & D.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Fairfax, D.C. & D.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Year)	(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Year)
(12) BIRTHPLACE <u>Burnsville Co.</u>	(12) BIRTHPLACE <u>Hampton Co.</u>	(13) OCCUPATION <u>Farming</u>	(13) OCCUPATION <u>Nursekeeping</u>
(14) Number of children born to mother, including present birth <u>3</u>	(14) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature) J. V. Roacholt, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fairfax, D.C.

Given name added from a supplemental report

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

(27) Filed Nov 15 1923 (28) J. C. Mayes 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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