

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.  
 M. Caw. of Columbia.

(1) PLACE OF BIRTH

County of Greenville  
 Township of Yves  
 or  
 Inc. Town of Ridgmont  
 or  
 City of \_\_\_\_\_

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

File No. 43067 For State Registrar Only

Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

(2) Full Name of Child Julius Roberts { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>to be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 11, 1922</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Julius Roberts</u>	(14) NAME BEFORE MARRIAGE <u>Emma Osborne</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Ridgmont</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Ridgmont</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House work</u>			
(20) Number of children born to mother, including present birth <u>11</u>	(21) Number of children of this mother now living, including present birth <u>11</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 to 4 M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. C. Smith  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ridgmont S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed \_\_\_\_\_ 191\_\_\_\_ (28) \_\_\_\_\_  
 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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