

## (1) PLACE OF BIRTH

County of Pickens

Township of .....

OR  
Inc. Town of EasleyOR  
City of Easley

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

## (2) Full Name of Child

Marjorie Roach

File No. — For State Registrar Only

36042Registration District No. 37-9 Registered No. 159

(For use of Local Registrar)

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married

yes

(7) DATE OF BIRTH

Sept. 12, 1922  
(Name of Month) (Day) (Year)

(8) FULL NAME

A. R. Roach

(9) PRESENT POSTOFFICE OF FATHER

Easley, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

4-1

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Textile worker

(20) Number of children born to mother, including present birth

11

(14) NAME BEFORE MARRIAGE

Marjorie Roach

(15) PRESENT POSTOFFICE OF MOTHER

Easley, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mary Roach

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov. 5, 1922 (28)Ed. Neath

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.