

## (1) PLACE OF BIRTH

County of RichlandTownship of Blythewood

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3800No. for State Registrar  
29968Registered No. 124  
(For use of Local Registrar)

## (2) Full Name of Child

Tom Roberson

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>Sept 13, 1923</u> (Month) (Day) (Year)
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(8) FULL NAME <u>Tom Roberson</u> (9) PRESENT POSTOFFICE OF FATHER <u>Blythewood</u> (10) COLOR OR RACE <u>col</u> (11) AGE AT LAST BIRTHDAY <u>36</u> (Year) (12) BIRTHPLACE <u>Fairfield Co</u> (13) OCCUPATION <u>Farmer</u>		(14) NAME BEFORE MARRIAGE <u>Mallie Gibson</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Blythewood</u> (16) COLOR OR RACE <u>col</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (Year) (18) BIRTHPLACE <u>Fairfield Co</u> (19) OCCUPATION <u>Field hand</u>	
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 20 M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Blythewood SC

Given name added from a supplemental report

(26) Witness  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 14, 1923 (28) W. A. McPherson  
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.