

Form No. 1

(1) PLACE OF BIRTH

County of York

Township of

OR
Inc. Town ofOR
City of Rock Hill

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

(2) Full Name of Child

Jamie Roberson

File No.—For State Registrar Only

9493

Registration District No. 44 BRegistered No. 451

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL

Girl

Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(8) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar 19 19 22

(Name of Month) (Day) (Year)

(6) FULL NAME

James Roberson

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

19
(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Cinnamon Solder

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

One

(14) NAME BEFORE MARRIAGE

Millie Roberson

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17
(Years)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Solder

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Moshe McCreary

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

3/29 22

(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.

NOTE: IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.

Bureau of Vital Statistics, Columbia, S. C.