

(1) PLACE OF BIRTH

County of SaludaTownship of # 2

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

File No.—For State Registrar Only

22482

Registration District No. 3901 Registered No. 73
(For use of Local Registrar)(2) Full Name of Child John V. Roberson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 19, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Roberson(9) PRESENT POSTOFFICE OF FATHER Batesburg(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 44
(Year)(12) BIRTHPLACE Kershaw Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Lottie Breward(15) PRESENT POSTOFFICE OF MOTHER Batesburg(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33
(Year)(18) BIRTHPLACE Kershaw Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 2 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Irene Gault(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Batesburg

Given name added from a supplemental report

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

(26) Filed Aug 9, 1923 (27) Mrs J. L. Branch 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.