# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Or
18405

(1) PLACE OF BIRTH
County of Dillon
Township of Manning
or
Inc. Town of ..... Registration District No. 1605 Registered No. 37
(For use of Local Registrar)
or
City of ..... (No. ..... St.: ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2 Full Name of Child Katie Bell Roberson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (To be answered only in event of Twins or Triplets) (6) Are Parents Married? Yes (7) DATE OF BIRTH June 7 1922 (Name of Month) (Day) (Year)

| FATHER. | MOTHER. |
|---|---|
| (8) FULL NAME Bill Roberson | (14) NAME BEFORE MARRIAGE Laura Montgomery |
| (9) PRESENT POSTOFFICE OF FATHER Dillon S.C. | (15) PRESENT POSTOFFICE OF MOTHER Dillon S.C. |
| (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Years) | (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Years) |
| (12) BIRTHPLACE Lancaster S.C. | (18) BIRTHPLACE Monroe N.C. |
| (13) OCCUPATION C.R. Hand | (19) OCCUPATION House Wife |
| (20) Number of children of this mother now living, including present birth 9 | (21) Number of children of this mother now living, including present birth 7 |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Fortaline at 6 30 P M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Isabella Samuel

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dillon 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 6/17 1922 (28) B. F. Williams 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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