

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill Columbia, Columbia, S. C.

(1) PLACE OF BIRTH County of <u>York</u> Township of <u>York</u> or Inc. Town of or 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. <u>4408</u>		File No.—For State Registrar Only 20601 Registered No. <u>88</u> (For use of Local Registrar)
(2) Full Name of Child <u>W. C. Roberts</u>		If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 18</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Clarence Roberts</u> (9) PRESENT POSTOFFICE OF FATHER <u>York P. O.</u> (10) COLOR OR RACE <u>negro</u> (11) AGE AT LAST BIRTHDAY <u>18</u> (Years) (12) BIRTHPLACE <u>York County</u> (13) OCCUPATION <u>Reaction hand cleaner</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Ellen Byrd</u> (15) PRESENT POSTOFFICE OF MOTHER <u>York P. O.</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>13</u> (Years) (18) BIRTHPLACE <u>York County</u> (19) OCCUPATION <u>Cooking</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>3 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Sollie Byers</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Rt. 2 Box 3</u>				
Given name added from a supplemental report _____ _____, 19____ Registrar		(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>June 20</u> 19 <u>22</u> (28) <u>John D. Byers</u> 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.				