

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 6.

(1) PLACE OF BIRTH

County of LIVINGSTON
Township of Swansea
or
Inc. Town of Swansea
or
City of Swansea

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31134

Registration District No. 3102

Registered No. 94
(For use of Local Registrar)

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

(2) Full Name of Child Leola Roach

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

(3) SEX OR AGE girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 18, 1911
(Name) (Month) (Day) (Year)

FATHER.
(8) FULL NAME Jacob Roach
(9) PRESENT POSTOFFICE OF FATHER Swansea
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37
(12) BIRTHPLACE Livingston Co
(13) OCCUPATION laborer

MOTHER.
(14) NAME BEFORE MARRIAGE Viola Wiedeborn
(15) PRESENT POSTOFFICE OF MOTHER Swansea
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25
(18) BIRTHPLACE Livingston Co
(19) OCCUPATION laborer

(20) Number of children born to mother, including present birth 11

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 3:30 P.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) Catherine Stradford

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Swansea

Given name added from a supplemental report

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

(27) Date Aug 27, 1911 (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.