

Form No. 1.

(1) PLACE OF BIRTH

County of OconeeTownship of LawsonInc. Town of Newry

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

46990

Registration District No. 3504 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Gladya Eloise Roach

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

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 22</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam R Roach(9) PRESENT POSTOFFICE OF FATHER Newry SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Oconee Co(13) OCCUPATION Mill apt(20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Lee(15) PRESENT POSTOFFICE OF MOTHER Newry SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Oconee Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W.C. Macbeth

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

Physician Newry SC.

Given name added from a supplemental report

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

(27) Filed Jan 26 1910 (28) J.E. Huppert 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.

MARGIN RESERVED FOR INDEXING.
 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.
 McCaw, of Columbia.