

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of Am Spring
 or
 City of Am Spring

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

42696

Registration District No. 209 Registered No. 547
 (For use of Local Registrar)
 (No. 209 District) St.; Ward)

(2) Full Name of Child Mildred Roberts (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 12 22
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME W J Roberts
 (9) PRESENT POSTOFFICE OF FATHER Greenville SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31
 (Years)
 (12) BIRTHPLACE W.C.
 (13) OCCUPATION Lumber work
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Anna Peace
 (15) PRESENT POSTOFFICE OF MOTHER Greenville SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29
 (Years)
 (18) BIRTHPLACE W.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. White
 (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

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

(27) Jan 10 1923 (28) A. W. Mackey
 Local Registrar