

## (1) PLACE OF BIRTH

County of *Charleston*Township of *Dillon*or  
Inc. Town of

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

45870

Registration District No. *1306*Registered No. *80*

(For use of Local Registrar)

(2) Full Name of Child *James E. Roberson Jr.*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or triplet?

(5) Number in order of birth *7*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *May 4, 1906*

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME *James Roberson*(14) NAME BEFORE MARRIAGE *Lizzie Sinstler*(9) PRESENT POSTOFFICE OF FATHER *Pinevood S.C.*(15) PRESENT POSTOFFICE OF MOTHER *Pinevood S.C.*(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *38*

(Years)

(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *36*

(Years)

(12) BIRTHPLACE *S.C.*(18) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *Seven*(21) Number of children of this mother now living, including present birth *Seven*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) *Matilda J. Smith*

(24) State whether Physician or Midwife

Given name added from a supplemental report

(25) Witness *L. P. Smith*

(Signature of witness, to be signed only when question 22 is signed "Yes")

(26) Filed *1/5/10*

When there was no attending physician or midwife, when the father, mother, or other person, or persons, were present at the birth, it must be reported as a stillbirth. In such cases, the child must be reported as a stillbirth within a period of one month of pregnancy.

MARGIN RESERVED FOR BINDING.

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

State of Columbia.