

Form No. 1

## (1) PLACE OF BIRTH

County of Kershaw  
 Township of Waterloo  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35089

Registration District No. 2704 Registered No. ....  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child David Roberson 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 19 1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Tom Roberson</u>	(14) NAME BEFORE MARRIAGE <u>Mohajir Wood</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lugoff SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lugoff SC</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE .....	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE .....	(19) OCCUPATION <u>House Work</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary White  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lugoff SC

Given name added from a supplemental report

(26) Witness Sallie D. Roberson  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 3 1922 (28) Mr. J. H. G. G. G. 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.

MAKING RECORD FOR BIRTH. THIS PLAINLY, WITH UNIFORMITY, 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.

RECEIVED OF COLUMBIA, S. C.