

(1) PLACE OF BIRTH

County of SaludaTownship of # 2or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

11007

Registration District No. 370 Registered No. 39
(For use of Local Registrar)

(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 Minnie Opal Roatanish (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Age of child at birth 25 (7) DATE OF BIRTH 2-19-23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert B. Roatanish(9) PRESENT POSTOFFICE OF FATHER Ridge Spring, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Year)(12) BIRTHPLACE Saluda Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Myrtle Turner(16) PRESENT POSTOFFICE OF MOTHER Ridge Spring, S.C.(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 29 (Year)(19) BIRTHPLACE Saluda Co., S.C.(20) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ridge Spring

Given name added from a supplemental report

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

(27) Filed May 12 1923 (28) Mrs. J. C. Roatanish 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.

*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.