

(1) PLACE OF BIRTH

County of Alconce
 Township of Chattanooga
 or
 Town of _____
 or
 of _____

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

8596

Registration District No. 35-01 Registered No. 6
 (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 Robert H. Roach (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 Feb 25 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Robert Roach
 (9) PRESENT POSTOFFICE OF FATHER mt Rest S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 54 (Years)
 (12) BIRTHPLACE Alconce S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 17

MOTHER

(14) NAME BEFORE MARRIAGE Liddie Swafford
 (15) PRESENT POSTOFFICE OF MOTHER mt Rest S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 45 (Years)
 (18) BIRTHPLACE Alconce S.C.
 (19) 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 alive at 8 M., (Born alive or stillborn) (Hour P. M. or P. M.) on the date above stated.

(23) (Signature) Hanna Swafford (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife mt Rest S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed April 8 1922 (28) W. R. Drant 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.

REG. OF COLUMBIA, COLUMBIA, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 8.