

(1) PLACE OF BIRTH

County of York
 Township of Hillsboro
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

17424

Registration District No. 1603 Registered No. 65
 (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 Jessie Roberts If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 11, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Roberts
 (9) PRESENT POSTOFFICE OF FATHER Smithboro
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY (Year) 29
 (12) BIRTHPLACE Waller
 (13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Lesia Smith
 (15) PRESENT POSTOFFICE OF MOTHER Smithboro
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Year) 24
 (18) BIRTHPLACE York St
 (19) OCCUPATION housewife
 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7 M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(22) Signature Willie R. Smith (23) Address of Physician or Midwife 2111 1/2 St. York
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(26) Filed July 1, 1923 (27) Local Registrar W. M. Smith

When there was no attending physician or midwife, then the father, householder, etc., should make this return before the fifth month of pregnancy.
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