

3220

Registered No.
(For use of Local Registrar)

Registration District No. 686

(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.)

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

(5) Number in order of birth	1
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(6) Are Parents *Yes*

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7) DATE OF BIRTH *Sept 13 1921*

To be answered only in event of Twins or Triplets

FATHER

MOTHER.

(14) NAME BEFORE MARRIAGE *Roberta Roberson*

(15) PRESENT *at 1:11 p.m.*

POST OFFICE OF MOTHER Danzonville N. C.

(16) COLOR OR RACE *Neuro* (17) AGE AT LAST BIRTHDAY... *30* (Year)

(18) BIRTHPLACE *Doyle, Ireland*

(19) OCCUPATION Student on 22

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(21) Number of children of this mother 150

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(12) I hereby certify that I attended the birth of this child, who was Larn Alwe at 7:00 M.
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) James H. Bentley

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *San Luis Obispo*

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only)

when question 23 is signed by mark)

(27) Filed 3-24-22 19:22 (28) 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.