

Form No. 1

(1) PLACE OF BIRTH

County of Jasper
 Township of Boatswain
 or
 Inc. Town of.....
 or
 City of

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

No. for State Registrar Only
32731

Registration District No. Registered No.
 (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 Ben Roberson If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Sex of Child yes (5) DATE OF BIRTH Oct 29, 1923
 (6) To be reported only in event of Twin or Triplets

FATHER.
 (7) FULL NAME William Roberson
 (8) PRESENT RESIDENCE OF FATHER Gilman, S.C.
 (9) COLOR OR RACE gro (10) AGE AT LAST BIRTHDAY 24 (Year)
 (11) BIRTHPLACE Boatswain
 (12) OCCUPATION P. Labor
 (13) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Susan White
 (15) PRESENT RESIDENCE OF MOTHER Gilman, S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Year)
 (18) BIRTHPLACE Hardeeville, S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) W. E. Phares (23) Address of Physician or Midwife Gilman, S.C.
 (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 11/1/23 (27) P. W. Roberson 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.