

(1) PLACE OF BIRTH
County of York
Township of

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

File No.—for State Registrar Only
38013

Registration District No. 44B Registered No. 243
(For use of Local Registrar)
or
City of Rock Hill (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 Jesse Shell Roberts If child is not yet named, make supplemental report as directed

(3) SEX BOY (4) Twin Yes (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 10/2/23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. M. Roberts
(9) PRESENT POSTOFFICE OF FATHER Rock Hill SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE North Wales Pa.
(13) OCCUPATION mechanic
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Shell Blackmon
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTHPLACE Salisbury NC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive as born alive or stillborn (Hour A. M. or P. M.)
on the date above stated.
(23) (Signature) C. E. Dean
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 12/17/23 (28) J. J. Miller 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.
Before the fifth month of pregnancy.