

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
UP
Inc. Town of.....
OF
City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7246

Registration District No. 2214

Registered No. 10
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

3) BOY OR GIRL Girl 4) Twin or Triplet
To be answered only in case of Twin or Triplet

6) Are Parents Married? Yes 7) DATE OF BIRTH Feb 22 1923
(Name of Month) (Day) (Year)

FATHER.

5) FULL NAME Robert R. Roper
8) PRESENT POSTOFFICE OF FATHER Greenville S.C.

MOTHER.

14) NAME BEFORE MARRIAGE Ellen Lynch
15) PRESENT POSTOFFICE OF MOTHER Same

10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 28
(Years)

16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 48
(Years)

12) BIRTHPLACE Greenville S.C.

18) BIRTHPLACE Greenville S.C.

13) OCCUPATION Farmer

19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 4

21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 57 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. O. Benson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville 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 Jan 14 1924 (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.

Registrar