

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Middle

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
 19774

inc. Town of Registration District No. 3620 Registered No. 51
 or
 or
 City of (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 Cathleen Roberson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents yes Married? (7) DATE OF BIRTH June 6-22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Corder Roberson

(9) PRESENT POSTOFFICE OF FATHER Ortg. S.C.

(10) COLOR OR RACE Blk. (11) AGE AT LAST BIRTHDAY 22
 (Years)

(12) BIRTHPLACE Ortg. Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Magnolia Fraiser

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.

(16) COLOR OR RACE Blk. (17) AGE AT LAST BIRTHDAY 21
 (Years)

(18) BIRTHPLACE Ortg. Co. S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) M. M. M. M. M.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Brownman S.C.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness B. M. M. M. M.
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) File July 6, 1922 (28) with Duke
 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

LOCAL REGISTRAR

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

N. McCaw, of Columbia.

McCaw