

(1) PLACE OF BIRTH

County of Lexington

Township of

or
Inc. Town ofor
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

1510

Registration District No. 3109Registered No.
(For use of Local Registrar)(2) Full Name of Child Usha Roland

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 16, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jessie H. Roland(9) PRESENT POSTOFFICE OF FATHER Lexington(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Berley T. Doolley(15) PRESENT POSTOFFICE OF MOTHER L. P. O. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of the mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M.,
on the date above stated. (Born alive or stillborn. (Hour, M. or P. M.))(22) (Signature) Dr. J. T. Roberts(23) State whether Physician or Midwife Phy(24) Address of Physician or Midwife Lexington

Give name added from a supplemental report

(25) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Mar. 7, 1923 (27) Mrs. C. E. Doolley
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.