(1) PLACE OF BIRTH

County of Newberry

Township of Burton

or

Inc. Town of

or

City of (No. St.; Ward)

(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
4670

Registration District No. 700 Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	Jan 28 1922

FATHER

(8) FULL NAME Lewis Steve Allen Roberts

(9) PRESENT POSTOFFICE OF FATHER Newberry S C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farming

(22) Number of children born to mother, including present birth One (1)

MOTHER

(14) NAME BEFORE MARRIAGE Pearle Arleen Wright

(15) PRESENT POSTOFFICE OF MOTHER Newberry S C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 45 A.M.
(Born alive or stillborn) (Hour, A. M. or P. M.)
on the date above stated.

(23) (Signature) E. G. Browne

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newberry S C RFD 6

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed JAN 1922 (28) [illegible] 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.

Mode of Cutting, Columns 8 to 11, No. 1 Hollingsworth Co. Wilmington, N. C.

N. B.—In case of twins or triplets, the certificate should be filled out for each child, and the word "twin" or "triplet" should be added after the name of each.

WHITE PAPER FOR USE IN PRINTING CERTIFICATES OF BIRTH, DEATH AND STILLBIRTH