

126/34

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

FILE No.—For State Registrar Only

19302-A

PLACE OF BIRTH

Copy of 20
 Title of Bishopville
 or
 Ex. Term of _____
 or
 City of _____

Registration District No. 3000 Registered No. 92
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

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

1. FULL NAME OF CHILD Roosevelt Arthur

2. Sex ♂ 3. M. Plural 1 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents Married? yes 8. Date of birth June 6, 1922
 (Month, day, year)

9. THE FATHER
 Name Gene Arthur

18. Full maiden name MOTHER Mary Slater

10. Residence (usual place of abode) Bishopville
 (If non-resident, give place and State)

19. Residence (usual place of abode) Bishopville
 (If non-resident, give place and State)

11. Color or race col 12. Age at last birthday 23 (Years)

20. Color or race col 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) S.C.
 (State or country)

22. Birthplace (city or place) S.C.
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farm

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

18. Number of children of this mother (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 2

19. Cause of stillbirth _____ (Before labor _____ During labor _____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 A. m. on the date above stated.
 (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Signature added from supplemental report _____ (Date of) _____

(Signed) _____, M. D.
 or Lula Jolley Midwife
 Address Bishopville S.C. R 3 B 44
 Filed Oct 26, 1934 Annie Higgins Registrar

Registrar.