

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 LED
Tried of Bishopville
In Town of _____
City of _____

Registration District No. 3000 Registered No. 98
(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.)

FULL NAME OF CHILD Roosevelt Arthur

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

9. FATHER Harry Arthur 10. Full maiden name Mary Slater 11. Residence (usual place of abode) Bishopville 12. Residence (usual place of abode) (If non-resident, give place and State) Bishopville

13. Color or race col 14. Age at last birthday 23 (Years) 15. Birthplace (city or place) S.C. 16. Birthplace (city or place) (State or country) S.C.

17. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm 18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

19. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 20. Date (month and year) last engaged in this work _____ 21. Total time (years) spent in this work _____

22. Number of children of this mother at time of birth and including this child (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 2

23. Cause of stillbirth _____ 24. Date (month and year) last engaged in this work _____ 25. Total time (years) spent in this work _____

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)

Registrar.

(Signed _____, M.D.)

or Lula Jones Midwife

Address Bishopville S.C. R 3 B 44

Filed Oct 26, 1934 Annette Higgins Registrar.