

## (1) PLACE OF BIRTH

County of Laurens

Township of .....

Inc. Town of .....

City of Laurens

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

(2) Full Name of Child Mary Francis Roberts { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 1, 1922 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Jay Roberts (14) NAME BEFORE MARRIAGE Leenie Robinson(9) PRESENT POSTOFFICE OF FATHER Laurens SC (15) PRESENT POSTOFFICE OF MOTHER Laurens SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Term (18) BIRTHPLACE SC(13) OCCUPATION Cotton mill work (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Dearden(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens SC

Given name added from a supplemental report

(26) Witness .....

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 11, 1923 (28) C. S. Kennedy 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.

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