

(1) PLACE OF BIRTH

County of Saluda Co. S.C.
 Township of Summers #3
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For Baby Registry Only
8039

Registration District No. 3902 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child Mary Eda Roman 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 1st 6 Sex Female 7 DATE OF BIRTH 6-26-1928
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Joseph Paul Roman

9 PRESENT POSTOFFICE OF FATHER Bakersville, S.C.

10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 27

12 BIRTHPLACE Saluda Co. S.C.

13 OCCUPATION Roman

20 Number of children born to mother, including present birth 2

MOTHER.

14 NAME BEFORE MARRIAGE Walter D. Dickland

15 PRESENT POSTOFFICE OF MOTHER Bakersville, S.C.

16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 19

18 BIRTHPLACE Saluda Co. S.C.

19 OCCUPATION House wife

21 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Walter D. Dickland

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bakersville, S.C.

Given name added from a supplemental report

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

(27) Filed 19 .. (28) 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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