

Form No. 1

(1) PLACE OF BIRTH

County of San Mateo
 Township of San Mateo
 or
 Inc. Town of
 or
 City of

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

No. 5360 — For State Registrar Only

Registration District No. Registered No. 24
 (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.)

(2) Full Name of Child Robert J. Roberson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet one (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Feb 15 - 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Charlie Roberson (9) PRESENT POSTOFFICE OF FATHER Osceola S.C. (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Year) (12) BIRTHPLACE San Mateo County (13) OCCUPATION Farming
 MOTHER. (14) NAME BEFORE MARRIAGE Luesie Roberson (15) PRESENT POSTOFFICE OF MOTHER Osceola S.C. (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Year) (18) BIRTHPLACE San Mateo County (19) OCCUPATION House Keeping
 (20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of Robert J. Roberson, who was born alive, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma McLean (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Osceola S.C.

(Given name added from a supplemental report) Willie McLean (26) Witness Lara English (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed Feb 17 1923 (28) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY. WITH UPWARD INDENTURE AS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FORM EACH CHILD. SEE INSTRUCTIONS FIRST-BORN. No. 1. THIS OTHER, No. 2, blank. IN QUESTION 1, OF COLUMN, COLUMN 2.