

MARCH RESERVED FOR RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>Calleton</u> Township of <u>Betts</u> 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 State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 1.5em;">895</div>	
(2) Full Name of Child <u>Herber Roberson Jr.</u>		Registration District No. <u>14.01</u>		Registered No. <u>1</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Herber Roberson Jr.</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 18 22</u> (Place of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Herber Roberson</u>			(10) NAME BEFORE MARRIAGE <u>Ether Roberson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>walterburg sc</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>walterburg sc</u>		
(12) COLOR OR RACE <u>white</u>			(13) COLOR OR RACE <u>white</u>		
(14) BIRTHPLACE <u>calleton co</u>			(15) BIRTHPLACE <u>calleton co</u>		
(16) OCCUPATION <u>farmer</u>			(17) OCCUPATION <u>house wife</u>		
(18) Number of children born to mother, including present birth <u>3</u>			(19) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(20) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10.00</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(21) (Signature) <u>Raichal Harrison</u>					
(22) State whether Physician or Midwife <u>midwife</u>					
(23) Address of Physician or Midwife <u>Smallwood</u>					
Given name added from a supplemental report			(24) Witness <u>J. M. J. Jones</u>		
..... 19 Registrar			(25) Filed <u>Feb 7 1922</u> (26) <u>R. A. Brubaker</u> 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.