

(1) PLACE OF BIRTH

County of LaurensTownship of Dialsor
Inc. Town of.....or
City of.....

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

(2) Full Name of Child Olga Roper

File No.—For State Registrar

19254

Registration District No. 2901 Registered No. 56
(For use of Local Registrar)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> 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>May 22 1922</u> (Name of Month) (Day) (Year)
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FATHER.
(8) FULL NAME Paul J. Roper(9) PRESENT POSTOFFICE OF FATHER H. Im S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42
(Years)(12) BIRTHPLACE Laurens Co. S.C.(13) OCCUPATION Clerk in Hardware Store(20) Number of children born to mother, including present birth 2MOTHER.
(14) NAME BEFORE MARRIAGE Berula Ryon(15) PRESENT POSTOFFICE OF MOTHER H. Im S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Winnsville Ga(19) OCCUPATION Housewife(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 alive at 2 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. P. Du Pree(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife H. Im 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 July 8 1922 (28) W. E. Mahon
Registrar 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.

MCGRAW-HILL BOOK CO. FIRST-BOOK, No. 1. THIS OTHER, No. 2, etc., in question 5.