

NOTE: 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 1.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Stateburg
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
5946

Registration District No. 4109 Registered No. 35
 (For use of Local Registrar)

(2) Full Name of Child Hannah Roberson (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 Jan. 21, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME J. L. Roberson
 (9) PRESENT POSTOFFICE OF FATHER Hazell, S.C. 21
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 38
 (Years)
 (12) BIRTHPLACE Sumter Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Anna Lewis
 (15) PRESENT POSTOFFICE OF MOTHER Hazell, S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE Sumter Co.
 (19) OCCUPATION farm laborer
 (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 alive at 4:30 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. L. Roberson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hazell, S.C.
 Given name added from a supplemental report
 (26) Witness Miss Martha Sanders
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb. 12, 1922 (28) Beng Sanders
 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.