

(1) PLACE OF BIRTH

County of AikenTownship of LangleyInc. Town of LangleyCity of Langley

(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

31433

Registration District No. 2.1.7 Registered No. 137

(For use of Local Registrar)

(2) Full Name of Child

Oella Roberts

If child is not yet named, make supplemental report as directed

(3) SEX—
GIRL?(4) Date—
complete(5) Number in
order of birth9(6) Are
Parents
Married?Yes(7) DATE OF
BIRTH—Nov. 16, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJ. J. Roberts(9) PRESENT
POSTOFFICE
OF FATHERChar water(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY39
(Years)

(12) BIRTHPLACE

Aiken Co

(13) OCCUPATION

Dr. Lib(14) Number of children born to
mother, including present birthNone

MOTHER.

(14) NAME BEFORE
MARRIAGEOella Smith(15) PRESENT
POSTOFFICE
OF MOTHERChar water(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY36
(Years)

(18) BIRTHPLACE

Georgia

(19) OCCUPATION

Domestic(20) Number of children of this mother
now living, including present birthSeven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born Alive at Langley S.C. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

PhysicianLangley, S.C.Given name added from a supplement-
tal report

(25) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)(26) Filed Dec 1, 1923(27) L. W. Bradley
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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