CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
45593

(1) PLACE OF BIRTH

County of Charleston S.C.
Township of " "
or
Inc. Town of " "
or
City of Charleston (No. 186 Ashley St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. C/A Registered No. 35 (For use of Local Registrar)

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? No

(7) DATE OF BIRTH Jan. 8th 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Smith

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Charleston, S.C.

(13) OCCUPATION Labour

(20) Number of children born to mother, including present birth } One

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Roberson

(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth } One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9.00 A.M. (Born Alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) L. L. La Roche M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Roper Hospital, Chg

Given name added from a supplemental report

....., 191....

....., Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/4/1916 (28) ..... 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH INDELIBLE 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.

McCaw, of Columbia.

fifth month of pregnancy.