

(1) PLACE OF BIRTH

County of Collector

Township of Bella

or

Inc. Town of .....

or

City of .....

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

41825

Registration District No. 1401... Registered No. 69...  
(For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louis Herman Roberts If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>boy</i>	(4) Twin or Triplet?  To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>June 15, 1972</i> (Name of Month) (Day) (Year)
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(3) FULL NAME Harvey W. Roberts

PRESENT POSTOFFICE OF FATHER *St. Kelli*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *131* (Year)

(12) BIRTHPLACE *Ballston CO*

(13) OCCUPATION

Number of children born to 1 2

(20) Number of children born to mother, including present birth { 21 .....

(14) NAME BEFORE MARRIAGE Thermal E. Jones

(15) PRESENT POSTOFFICE OF MOTHER *Kulbicki AC*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *26* (Years)

(18) BIRTHPLACE *Laallitay co*

(19) OCCUPATION

(21) Number of children of this mother 1 2

(21) Number of children of this mother now living, including present birth { ..... 2 .....

(22) I hereby certify that I attended the birth of this child, who was born alive ..... at ..... 8:30 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. H. MacGill

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan. 7, 1923 (25) 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.