CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
8453

(1) PLACE OF BIRTH
County of Marlboro
Township of Adamsville
or
Inc. Town of .....
or
City of .....

Registration District No. 3300
Registered No. 9
(For use of Local Registrar)

(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 George Curtis Roberts
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy			Yes	Jan	7	1922

FATHER.

(8) FULL NAME: Joe Roberts
(9) PRESENT POSTOFFICE OF FATHER: McColl S.C.
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: S.C.
(13) OCCUPATION: Farming
(20) Number of children born to mother, including present birth: 6

MOTHER.

(14) NAME BEFORE MARRIAGE: Willie Hatcher
(15) PRESENT POSTOFFICE OF MOTHER: McColl S.C.
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 35 (Years)
(18) BIRTHPLACE: S.C.
(19) OCCUPATION: House Wife
(21) Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lou Morrison Physician or Midwife
(24) State whether Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
....., 19....
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Mar. 18 1922 (28) A. F. Hanlon 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.

Seal of Columbia, S. C.

M. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PRINTED NO. 7 FOR TWINS and NO. 8 for TRIPLETS in question 5.

WHITE PAPER, WITH BLACK INK, REQUIRED BY LAW. PHOTOGRAPHIC RECORDS. PERMANENT RECORDS. NO ALTERED DATES. FOR SAFE FILING, FOLD ONCE, and mark this side OUT