

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of Columbia

(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

31926

Registration District No. 38<sup>n</sup> Registered No. 1718

(For use of Local Registrar)

(2) Full Name of Child. Clarence Ernest Roberts If child is not yet named, make supplemental report as directed(3) BOY OR  
~~GIRL?~~(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH Sept. 18, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Ernest Roberts(9) PRESENT  
POSTOFFICE  
OF FATHER Lynchland S.C.(10) COLOR  
OR  
RACE white (11) AGE AT LAST  
BIRTHDAY 36  
(Years)(12) BIRTHPLACE  
Richland County(13) OCCUPATION  
Farming(20) Number of children born to  
mother, including present birth 6

## MOTHER

(14) NAME BEFORE  
MARRIAGE Lizzie Wagstaff(15) PRESENT  
POSTOFFICE  
OF MOTHER Lynchland S.C.(16) COLOR  
OR  
RACE white (17) AGE AT LAST  
BIRTHDAY 30  
(Years)(18) BIRTHPLACE  
Richland County(19) OCCUPATION  
Housewife(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 at 9:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Clarence E. Roberts(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
M.D. 1305 Laurel St.Given name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 7-29-1922 (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.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.FORM NO. 7  
VOTING PLAINLY, FURNISHING  
A. M.—in case of twins or triplets  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McGraw, of Columbia.