

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 R. 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 2.

(1) PLACE OF BIRTH

County of Chester.....
 Township of Baton Rouge.....
 Inc. Town of.....
 or
 City of.....

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

No. 3355

Registration District No. 21. P.D. Registered No. 7.....
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR Boy (4) Twin or Triplet (5) Number in order of birth (6) Age 9 months (7) DATE OF BIRTH Jan 9 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Robert Jackson Roberts
 (9) PRESENT POSTOFFICE OF FATHER Chester #3
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)
 (12) BIRTHPLACE Mississippi
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Janie Laura Stegansky
 (15) PRESENT POSTOFFICE OF MOTHER Chester #3
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Year)
 (18) BIRTHPLACE Mississippi
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 7:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) [Signature]
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Chester #3

Given name added from a supplemental report

 19.....
 Registrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Local Registrar [Signature]

*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.