

11/5/43
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MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate.)

U. S. Dept. of Commerce Bureau of the Census		Standard Certificate of Birth		22 049355		
1. PLACE OF BIRTH		STATE OF SOUTH CAROLINA		FILE No.—For State Registrar Only		
County of <u>Richland</u>		Bureau of Vital Statistics		01224		
Township of <u>Lower</u>		State Board of Health		Registered No.		
or		Registration District No. <u>3806</u>		(For use of Local Registrar)		
Inc. Town of <u>Lykesland</u>		(No. _____ St; _____ Ward)				
or		(If birth occurs in a hospital or other institution, give name of same instead of street and number)				
City of _____		2. FULL NAME OF CHILD <u>Gus Roberts</u>		{ If child is not yet named, make supplemental report as directed.		
3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married <u>Yes</u>	8. Date of birth..... <u>June 15</u> , 19 <u>22</u> (Month, day, year)
9. Full name <u>FATHER</u> <u>James Roberts</u>			18. Name before marriage <u>MOTHER</u> <u>Iola Gillam</u>			
10. Residence (mailing address) (If non-resident, give place and State) <u>Lykesland, S.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Lykesland, S.C.</u>			
11. Color or race <u>Col.</u>	12. Age at child's birth..... <u>20</u> (years)	20. Color or race <u>Col.</u>	21. Age at child's birth..... <u>16</u> (years)			
13. Birthplace (city or place) (State or country) <u>Richland County</u> <u>South Carolina</u>		22. Birthplace (city or place) (State or country) <u>Richland County</u> <u>South Carolina</u>				
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <u>Farming</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... <u>Domestic</u>				
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....				
16. Date (month and year) last engaged in this work, 19.....		17. Total time (years) spent in this work.....		25. Date (month and year) last engaged in this work, 19.....		
26. Total time (years) spent in this work.....						
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... <u>1</u> (b) Born alive but now dead..... <u>0</u> (c) Stillborn..... <u>0</u>						
28. If stillborn, period of gestation..... months weeks		29. Cause of stillbirth.....		Before labor..... During labor.....		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 3:00 A. m. on the date above stated.

{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return.

Given name added from
a supplementary report.....

(Date of)

Registrar.

(Signed) James Roberts, Parent
or....., Guardian

Address.....

Filed Nov. 6, 1942 B. A. Rain M.D.
Registrar.