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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

1. PLACE OF BIRTH

County of Richland
Township of Lower
or
Inc. Town of Lykesland
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3806

22 049355

FILE No.—For State Registrar Only

01224

Registered No. _____
(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 Gus Roberts

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births _____ 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married Yes 8. Date of birth June 15, 1922
(Month, day, year)

9. Full name FATHER
James Roberts

18. Name before marriage MOTHER
Iola Gillam

10. Residence (mailing address)
(If non-resident, give place and State) Lykesland, S.C.

19. Residence (mailing address)
(If non-resident, give place and State) Lykesland, S.C.

11. Color or race Col. 12. Age at child's birth 20 (years)

20. Color or race Col. 21. Age at child's birth 16 (years)

13. Birthplace (city or place)
(State or country) Richland County
South Carolina

22. Birthplace (city or place)
(State or country) Richland County
South Carolina

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

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 _____

25. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

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 1 (b) Born alive but now dead 0 (c) Stillborn 0

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, 1922 R. A. Rain m.d.
Registrar. _____