

(1) PLACE OF BIRTH

County of York
 Township of Bulletts Creek
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 5519

Registration District No. 4403 Registered No. 9
 (For use of Local Registrar)

City of (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 Linnard Roberts If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD girl (4) Type or Figure To be covered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Age 4 (7) DATE OF BIRTH Feb 18 29
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Doyle Roberts
 (9) PRESENT RESIDENCE OF FATHER Sharon S & P H 1
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22
 (12) BIRTHPLACE York Co S C
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 2

MOTHER
 (15) NAME BEFORE MARRIAGE Predem Roberts
 (16) PRESENT RESIDENCE OF MOTHER Sharon S & P H 1
 (17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 22
 (19) BIRTHPLACE York Co S C
 (20) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Midwife William Brown (24) State whether Physician or Midwife Sharon S & P H 1

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed Feb 21 29 (27) Local Registrar W. A. Mitchell

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.