(1) PLACE OF BIRTH

County of Colleton

Township of Sheridan

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3541

Registration District No. 1449 ... Registered No. 6
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child .....

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 28 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Roberson

(9) PRESENT POSTOFFICE OF FATHER Cottageville SC

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Maud Branch

(15) PRESENT POSTOFFICE OF MOTHER Cottageville

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. W. Williams MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cottageville SC

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 1 1923 (28) Alvin W. Aeckman
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.

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