

(1) PLACE OF BIRTH
County of Cherokee
Township of Goffney
or
Inc. Town of Goffney
or
City of Goffney (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Registrar Only
48441

Registration District No. Registered No. 42
(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>3/13</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert</u>			(14) NAME BEFORE MARRIAGE <u>Jennie Roberts</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Goffney S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Goffney S.C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Union Co S.C.</u>			(18) BIRTHPLACE <u>Union Co S.C.</u>	
(13) OCCUPATION <u>mill work</u>			(19) OCCUPATION <u>Louise</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3-10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mollie Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
.....
Registrar

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

(27) Filed 3/13 1914 (28) N. E. Smith
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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