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Form 5-6
MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH County of <u>Cherokee</u> Township of		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registry Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">17052</div>	
Inc. Town of				Registration District No. <u>1 A 9</u> Registered No. <u>141</u> (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.)		(If child is not yet named, make supplemental report as directed)	
(2) Full Name of Child <u>Haer Eugene Roberts</u>					
(3) SEX <u>Male</u>	(4) <u>Male</u> or <u>Female</u>	(5) Number in order of birth <u>2nd</u>	(6) Age Parents Married <u>Yrs</u>	(7) DATE OF BIRTH <u>July 23</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Geo R. Roberts</u>			(14) NAME BEFORE MARRIAGE <u>One Brock</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney 3x6 oak st</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney 3x6 oak st</u>		
(10) COLOR OR RACE <u>Wh</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Year)	(16) COLOR OR RACE <u>Wh</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Year)	(18) BIRTHPLACE <u>Spartanburg SC</u>	
(15) OCCUPATION <u>Misc operative</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>6:30 PM.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Haer Eugene Roberts</u>			(24) State whether Physician or Midwife <u>Physician</u>		
(25) Witness			(26) (Signature of Physician or Midwife) <u>Gaffney Dr</u>		
(27) Filed <u>7/10 1922</u>			(28) <u>W. F. Smith</u> 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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